2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L04000044100

Entity Name: SKATE PARADISE, LLC

Current Principal Place of Business:

355 RENOIR DR.
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

355 RENOIR DR.
OSPREY, FL 34229

New Mailing Address:

FEI Number: 55-0869941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THARP, VICTORIA E
355 RENOIR DR.
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	THARP, VICTORIA E	
Address:	355 RENOIR DRIVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	THARP, MICHAEL W	
Address:	355 RENOIR DRIVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	PERKINS, DONALD	
Address:	2409 BAYSHORE ROAD	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	MGRM	( ) Delete
Name:	PERKINS, SUSAN	
Address:	2409 BAYSHORE ROAD	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	MGRM	( ) Delete
Name:	BROWN, DANNY	
Address:	9155 SOUTH SEYMOUR	
City-St-Zip:	SWARTZ CREEK, MI 48473	
Title:	MGRM	( ) Delete
Name:	BROWN, KIM	
Address:	9155 SOUTH SEYMOUR	
City-St-Zip:	SWARTZ CREEK, MI 48473	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTORIA E THARP MRS. 03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date