


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000054834</b> 1. Entity Name PARADIS TAYLOR INVESTMENTS, LLC	
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Principal Place of Business 7309 S US HIGHWAY 1 PORT ST LUCIE, FL 34952	Mailing Address 302 MELTON DRIVE FT PIERCE, FL 34982
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01152007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 66-8131385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  PARADIS, KRISTYNA D 605 FRENCH CREEK LANE FT. PIERCE, FL 34982
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JAMES A 605 FRENCH CREEK LANE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, STEVEN K 302 MELTON DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARADIS, KRISTYNA D 605 FRENCH CREEK LANE FORT PIERCE, FL 34982
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000000614119  
02/06/07-80012-022 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_ **DATE:** 1/26/07 **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE