


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**


02-19-2008 90065 038 \*\*\*138.75

<b>DOCUMENT # L04000054834</b> 1. Entity Name <b>PARADIS TAYLOR INVESTMENTS, LLC</b>	
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Principal Place of Business <b>7309 S US HIGHWAY 1 PORT ST LUCIE, FL 34952</b>	Mailing Address <b>302 MELTON DRIVE FT PIERCE, FL 34982</b>
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**DO NOT WRITE IN THIS SPACE**

**30002300**



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>66-8131385</b>	Applied For <input type="checkbox"/> 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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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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IN THIS SPACE**

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: James A. Taylor 03-18-08 172-466 4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #