


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90102 009 ****50.00

DOCUMENT # L04000055609			
1. Entity Name ISLAND PARADISE PROPERTIES, LLC			
Principal Place of Business 116 CRANE ST PANAMA CITY BEACH, FL 32413-2936		Mailing Address 116 CRANE ST PANAMA CITY BEACH, FL 32413-2936	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RUBENSTEIN, SCOTT 116 CRANE ST PANAMA CITY BEACH, FL 32413-2936		7. Name and Address of New Registered Agent Name <u>Richard Shockley</u> Street Address (P.O. Box Number is Not Acceptable) <u>116 CRANE ST</u> City <u>Panama City Beach</u> FL <u>32413</u> Zip Code <u>32413</u>	
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 <u>Richard Shockley</u> <u>RSS</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/2/05</u> Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCHRAN, JESSIE S 11344 NAPOLI DR RANCHO CUCAMONGA, CA 917018532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, JENNIFER I 11344 NAPOLI DR RANCHO CUCAMONGA, CA 917018532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOCKLEY, RICHARD F 116 CRANE ST PANAMA CITY BEACH, FL 324132936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOCKLEY, DEBORAH ANN 116 CRANE ST PANAMA CITY BEACH, FL 324132936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 542156971 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard Shockley RSS DATE 2/2/05 Daytime Phone # 8502157653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE