



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 19 AM 10:22

DOCUMENT # L04000055860 1. Entity Name TOUCAN PARADISE, LLC					
Principal Place of Business 1691 WEST HIGHWAY 98 UNIT 104 MARY ESTHER, FL 32569			Mailing Address 1691 WEST HIGHWAY 98 UNIT 104 MARY ESTHER, FL 32569		
2. Principal Place of Business Suite, Apt. #, etc. 1365 WEST HIGHWAY 98 UNIT 402		3. Mailing Address Suite, Apt. #, etc. 1365 WEST HIGHWAY 98 UNIT #402			
City & State MARY ESTHER, FL		City & State MARY ESTHER FL		4. FEI Number EIN 20-1472128	
Zip 32569		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PORATH, SHANNON L 56 SPIRES LANE 16A SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Shannon L. Widman Street Address (P.O. Box Number is Not Acceptable) 56 SPIRES LN #16A Santa Rosa Beach City FL Zip Code 32459	
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><i>Shannon L. Widman</i></u> DATE <u>12/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, ANGELA T 1691 WEST HIGHWAY 98, UNIT 104 MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS C. SHAW, EXECUTOR FOR THE ESTATE OF ANGELA T. SHAW 665 GOLF COURSE DRIVE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIESLER, DANNY R 1691 WEST HIGHWAY 98, UNIT 104 MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIESLER, DANNY R. 1365 WEST HIGHWAY 98 UNIT 402 MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100062514081 12/30/05--01059--022 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>D. R. J. P.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5 Dec 05</u> (P50) 585-1944 <small>Daytime Phone #</small>		