2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000057082

1. Entity Name
PINE ISLAND PARADISE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2307 DOUGLAS RD 400 MIAMI, FL 33145 US	2307 DOUGLAS RD 400 MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1435740	Not Applicable

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

6. Name and Address of Current Registered Agent

OVIES, IDA C
2307 DOUGLAS RD
400
MIAMI, FL 33145

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2007

U00000761415
05/25/07-80053-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	OVIES, IDA C
STREET ADDRESS	2307 DOUGLAS RD STE 400
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	OVIES, EDUARDO E
STREET ADDRESS	2307 DOUGLAS RD STE 400
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	ALVAREZ, ENRIQUE J
STREET ADDRESS	708 WEST PALM AIR DR
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ MGR 4/27/07

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