## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 29, 2008 8:00 am Secretary of State

	ANNOAL	REPURI					iry or		ute	
DOCUMENT # L04000057082  1. Entity Name PINE ISLAND PARADISE INVESTMENTS, LLC						07-29-2008	90034 043 **	**138	3.75	
Principal Plac	e of Business	Mailing Address								
2307 DOUGLAS RD 2307 DOUGLAS RD				60045855						
400 400						000	10000			
MIAMI, FL 3	3145 US	MIAMI, FL 33145 US	)		4   <b>1   1     1</b>     1	HII ABRII BIBA BIBIN BBEILB	BIH BETE BIN FEBRUAR		INN) (IE AND)	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3785 NW 82 AVE 3785 NO			1 82 AVE							
Suite, Apt.	2	Suite, Apt. #, etc.			07252008					
City & Stat	20 6	City & State	6		4. FEI Num				plied For	
Zip	Country	Zip_	Country		20-14	35740	<b></b>		t Applicable	
<sub>-</sub> "ັ,ʒʒ	1/2	33/66	US		5. Certificat	e of Status Desired		00 Add Require		
	6. Name and Address of Current F		T		7. Name ar	d Address of New		•		
			Name							
OVIES, IDA C					O. Boy Num	har is Not Assentah				
2307 DOUGLAS RD 400				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33145			, -						
,			City June	2-00			<b>-</b> 1 7	in Cod	Δ	
				ORAZ			FL (	<u>33</u>	166	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered	d agent, or b	oth, in the State of F	Torida. I am familia	ar with,	and accept	
•	da (	2 Nuch					7/2010			
SIGNATURE	Signature, typed or printed hatter of registered agent a	nd title if applicable, (NOTE:	Registered Agent signal	ture required w	hen reinstating)		1100108			
FILI Due	607.193(2)(b), not receive the					e				
9.	MANAGING MEMBER	L BS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE	MGR	☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Thange	Addition	
NAME	OVIES, IDA C	<del></del>	NAME	۱	- 41113	00.00		•	_	
STREET ADDRESS	2307 DOUGLAS RD STE 400		STREET ADDRESS	378.	5 NW	82 AVE 5 33/60	#302			
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	-101	2M2 1	z 33/60	6			
TITLE	MGR	Delete	TITLE					Change	Addition	
NAME CEDEST ADORSES	OVIES, EDUARDO E 2307 DOUGLAS RD STE 400		NAME STREET ADDRESS	}						
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	1						
TITLE	MGR	☐ Delete	TITLE	-				hange	☐ Addition	
NAME	ALVAREZ, ENRIQUE J	L Delete				0 - 0 -	<del></del>	линус	□ Vooition	
STREET ADDRESS	708 WEST PALM AIR DR		STREET ADDRESS	3780	NW	82 AVE E 3319	#302			
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	001	CAZ.	E 3316	56			
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
			4						- Addition	
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1			П	Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
44 Ibaraha	and the state of t	this diller shape and a self-	L		Charles 110	Clasida Ctatutas I	4	L + 1-4-		

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: JULY JULY JAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #