



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4/ Apr 27, 2005 8:00 am
Secretary of State

04-12-2005 90018 035 ****50.00

DOCUMENT # L04000061385					
1. Entity Name PARADISIO IN FLORIDA LLC					
Principal Place of Business 3333-24 VIRGINIA BEACH BLVD VIRGINIA BEACH, FL 23452			Mailing Address 3333-24 VIRGINIA BEACH BLVD VIRGINIA BEACH, FL 23452		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
04052005 Chg-LLC CR2E083 (10/03)					
4. FEI Number 34-2017649				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code		
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 reactivating) DATE _____					
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 GARCIA, EDWARD S 3333-24 VIRGINIA BEACH BLVD VIRGINIA BEACH, FL 23452	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Orlme</u> VP 4/5/2005 757-340-8001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					