## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000068725

PARADISE CONDOMINIUMS, LLC

FILED
Mar 01, 2007 08:00 A
Secretary of State

Principal Place of Business

224 PONCE DE LEON BELLEAIR, FL 33756 Mailing Address

224 PONCE DE LEON BELLEAIR, FL 33756



02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1635069 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOGANIERO, PHILIP 224 PONCE DE LEON BELLEAIR, FL 33756

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chan the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO, PHILIP 224 PONCE DE LEON BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARTOZZI, ROBERT 1877 N. HIGHLAND AVE. TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1

U00000652331 03/12/07-80014-007 50.00

# DO NOT WRITE IN THIS SPACE

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 fitter and accurate and that my signature shall be entered the limited liability company or the receiver or trusted empowered to encure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SUSTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/0

737-301-1160