## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # L0400068725  1. Entity Name PARADISE CONDOMINIUMS, LLC							05-05-200	8 90027 006	***13	8.75
Principal Place 224 PONCE I BELLEAIR, FI	DE LEON L-33756	· ·	Mailing Address  224 PONCE DE LEON  BELLEAIR, FL-33756	-			0038645			
2. Principal P	caru	ness - No P.O. Boy# Intu Ango	Mailing Address  SAM  Suite, Apt. #, etc.	E	<del></del>	04282008	Chg-LLC	CR2E083 (12	/06)	
gity & State	71	33116	City & State			4. FEI Numbe 20-163		_		ied For Applicable
3379	10	Country Zip Co			5. Certificate of Status Desired See Required 5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name										
DOGANIERO, PHILIP 224 PONCE DE LEON BELLEAIR, FL 33758  Largo, F1 33110  City  Tallie  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code										
6.	Largo, F	-1 33110	. c	City			FL Zig	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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MOTE: Registered Agent signature required when reinstating)  DATE										
FILÉ NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  Make check pays Florida Department										
9.	MGRM	MANAGING MEMBE	<del></del>	10.			ADDITIONS/	CHANGES	2000	Addition
NAME STREET ADDRESS City-St-ZIP	DOGANII <del>224 PON</del>	ERO, PHILIP <del>GE DE LEON</del> R, FL 33756	☐ Delete	NAME STREET AC	DORESS 67	o Clear	uatev La	ngo Ro-	ango	700111541
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indicated	on this repo	ort is true and accurate and	this filing does not qualify for that my signature shall have empowered to execute this	the same leg	gal effect as i	if made under oatl	n; that I am a mànag	ging member or m	anager	of the