
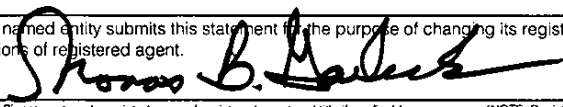
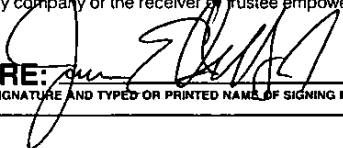


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -2 AM 8:41

<b>DOCUMENT # L04000069071</b> 1. Entity Name <b>PARADISE PRESERVE, LLC</b>					
Principal Place of Business <b>1674 W. SMITH VALLEY ROAD GREENWOOD, IN 46142</b>			Mailing Address <b>1674 W. SMITH VALLEY ROAD GREENWOOD, IN 46142</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1235789</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name <b>Thomas B. Garlick</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>5551 Ridgewood Drive, Suite 101</b>		
			City <b>Naples</b>		
			<b>FL</b>		Zip Code <b>34108</b>
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.		<b>Thomas B. Garlick</b> (NOTE: Registered Agent signature required when reinstating)	
				DATE <b>11/11/05</b>	
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Manager</b>	
NAME	<b>BRUEGGEMANN, THOMAS</b>		NAME	<b>James E. Helfer, Jr.</b>	
STREET ADDRESS	<b>1674 W. SMITH VALLEY ROAD</b>		STREET ADDRESS	<b>3911 Orange Grove Boulevard</b>	
CITY-ST-ZIP	<b>GREENWOOD, IN 46142</b>		CITY-ST-ZIP	<b>North Fort Myers, FL 33903</b>	
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, DARIN</b>		NAME		
STREET ADDRESS	<b>1674 W. SMITH VALLEY ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENWOOD, IN 46142</b>		CITY-ST-ZIP	<b>700061862027</b> <b>12/02/05--01029--008 **50.00</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		 Signature and typed or printed name of signing managing member, manager, or authorized representative			
		<b>James E. Helfer, Jr., Manager</b>			
		Date _____ Daytime Phone # _____			