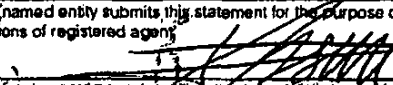
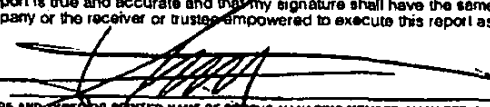


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/9/2005-90115-042-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:36

DOCUMENT # L04000069736			
1. Entity Name TWO PARADISE, LLC			
Principal Place of Business 636 NE 101 ST. MIAMI SHORES FL 33138		Mailing Address 636 NE 101 ST. MIAMI SHORES FL 33138	
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 098709886		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, COREY E. ESQ 3250 MARY STREET STE. 303 COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent Name: JACQUES ARDISSON Street Address (P.O. Box Number is Not Acceptable): 636 NE 101 St MIAMI SHORES City: MIAMI SHORES FL Zip Code: 33138	
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 		DATE 9-01-05	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALAIN TRYDEAU 1575 SW 20th Avenue MIAMI FL 33145 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACQUES ARDISSON 636 NE 101 St MIAMI SHORES FL 33138 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HOFFMAN, COREY E. ESQ 3250 MARY ST # 303 COCONUT GROVE FL 33133 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE: 9-01-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	