

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 8:35

DOCUMENT # L04000077256 1. Entity Name PARADISE VENTURES, LLC	
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Principal Place of Business PO BOX 51890 FORT MYERS, FL 33994	Mailing Address PO BOX 51890 FORT MYERS, FL 33994
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2. Principal Place of Business 3600 WORK DR Suite, Apt. #, etc.	3. Mailing Address PO Box 51090 Suite, Apt. #, etc.
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City & State Fort Myers FL	City & State Fort Myers FL
Zip 33916	Zip 33994
Country USA	Country USA



02272006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent HARRIS, DAVE W 3600 WORK DRIVE FORT MYERS, FL 33906	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Dave W Harris* DATE: 2-27-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		President Dave W Harris PO Box 51090 Fort Myers FL 33994	
		Sec/Treas Laura J Harris PO Box 51090 Fort Myers FL 33994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		800068100328 03/20/06--01018--020 **100.00	
		REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Dave W Harris*