## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077256

Entity Name: PARADISE VENTURES, LLC

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3600 WORK DR 3600 WORK DR

FORT MYERS, FL 33946 FORT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

PO BOX 51090 PO BOX 51089

FORT MYERS, FL 33994 FORT MYERS, FL 33994

FEI Number: 20-1792618 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRIS, DAVE W HARRIS, DAVE W 3600 WORK DRIVE 3600 WORK DRIVE

FORT MYERS, FL 33906 US FORT MYERS, FL 33916 US

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.

SIGNATURE: 02/14/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HARRIS, DAVE M
 Name:
 HARRIS, DAVE W

 Address:
 PO BOX 51090
 Address:
 PO BOX 51089

 City-St-Zip:
 FT MYERS, FL 33994
 City-St-Zip:
 FT MYERS, FL 33994

Title: ST () Delete Title: ST (X) Change () Addition Name: HARRIS, LAURA J Name: HARRIS, LAURA J

 Name:
 HARRIS, LAURA J

 Address:
 PO BOX 51090
 Address:
 PO BOX 51089

 City-St-Zip:
 FT MYERS, FL 33994
 City-St-Zip:
 FT MYERS, FL 33994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA HARRIS ST 02/14/2008