


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079727 1. Entity Name GRAN PARADISO I, LLC	
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Principal Place of Business 1265 HORSE & CHAISE BLVD. VENICE, FL 34285	Mailing Address 1265 HORSE & CHAISE BLVD. VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1908804	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RODGERS, SAM R 1265 HORSE & CHAISE BLVD. VENICE, FL 34285
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRAN PARADISO MANAGEMENT, LLC 1265 HORSE & CHAISE BLVD. VENICE, FL 34285
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03/29/07-80059-017 50.00

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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: 	3-13-06	911-493- 6624
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>
		<small>Daytime Phone #</small>