


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 08:00 A
Secretary of State

DOCUMENT # L04000089950 1. Entity Name PARADISE HOMES OF FLORIDA, LLC	
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Principal Place of Business 2744 SUMMERDALE DR. N CLEARWATER, FL 33761 US	Mailing Address 2744 SUMMERDALE DR. N CLEARWATER, FL 33761 US
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06132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1504539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CURRY, BRUCE A 2744 SUMMERDALE DR. N CLEARWATER, FL 33761

**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 _____ (NOTE: Registered Agent signature required when retaxing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACAJV, VLADIMIR 2744 SUMMERDALE DR. N CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, BRUCE A 2744 SUMMERDALE DR. N CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, JONATHAN A 2744 SUMMERDALE DR. N CLEARWATER, FL 33761
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06/19/06-80007-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  **6-14-06** **727-210-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #