

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90015 042 \*\*\*\*50.00

**DOCUMENT # L04000092603**

1. Entity Name  
THE BIRD OF PARADISE, LLC



Principal Place of Business  
2817 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706

Mailing Address  
2817 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DASILVA, JOHN R  
2817 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME DASILVA, JOHN R  
STREET ADDRESS 2817 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE MGRM  
NAME SEAN MANNING, LLC  
STREET ADDRESS 3618 EL CENTRO STREET  
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

1/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #