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Secretary of State

04-17-2006 90031 020 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016428

1. Entity Name
PARADISE PANTRY GIFTS LLC

Principal Place of Business	Mailing Address
4465 KEMPSON LANE PORT CHARLOTEE, FL 33981	4465 KEMPSON LANE PORT CHARLOTEE, FL 33981

04112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3502 N. Access Rd	
Suite, Apt. #, etc.: #9	Suite, Apt. #, etc.
City & State: Englewood, FL	City & State
Zip: 34224 Country: Charlotte	Zip Country

4. FEI Number 42-1660831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINCH, JOAN L 4465 KEMPSON LANE PORT CHARLOTEE, FL 33981	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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] Joan L. Finch 4-10-06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIPIETRANTONIO, JULIE A 4465 KEMPSON LANE PORT CHARLOTEE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINCH, JOAN L 4465 KEMPSON LANE PORT CHARLOTEE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Joan L. Finch 4-10-06 941-457-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #