

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016428

Entity Name: PARADISE PANTRY GIFTS LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

3502 N ACUSS RD
9
ENGLEWOOD, FL 34224

New Principal Place of Business:

4465 KEMPSON LANE
PORT CHARLOTTE, FL 33981

Current Mailing Address:

4465 KEMPSON LANE
PORT CHARLOTTEE, FL 33981

New Mailing Address:

FEI Number: 42-1660831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINCH, JOAN L
4465 KEMPSON LANE
PORT CHARLOTTEE, FL 33981 US

Name and Address of New Registered Agent:

FINCH, JOAN L
4465 KEMPSON LANE
PORT CHARLOTTE, FL 33981 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:

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIPIETRANTONIO, JULIE A
Address: 4465 KEMPSON LANE
City-St-Zip: PORT CHARLOTTEE, FL 33981

Title: MGR () Delete
Name: FINCH, JOAN L
Address: 4465 KEMPSON LANE
City-St-Zip: PORT CHARLOTTEE, FL 33981

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIPIETRANTONIO, JULIE A
Address: 4465 KEMPSON LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGR (X) Change () Addition
Name: FINCH, JOAN L
Address: 4465 KEMPSON LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

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: JOAN L FINCH

MGR

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date