

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

04-17-2006 90056 031 ****50.00

DOCUMENT # L05000018147 1. Entity Name PARADISE INVESTORS OF SARASOTA, L.L.C.			
Principal Place of Business 1630 RINGLING BOULEVARD SARASOTA, FL 34236		Mailing Address 1630 RINGLING BOULEVARD SARASOTA, FL 34236	
2. Principal Place of Business 330 S. ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 330 S. ORANGE AVE Suite, Apt. #, etc.	
City & State SARASOTA FL Zip 34236		City & State SARASOTA FL Zip 34236	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04132006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent TIBBETTS, DOUGLAS 1630 RINGLING BOULEVARD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 330 S. ORANGE AVE City SARASOTA FL Zip 34236	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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	MGRM TIBBETTS, DOUGLAS 1630 RINGLING BOULEVARD SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 S. ORANGE AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 4-10-06 Daytime Phone # 941 807 5600	

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