

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90014 025 ****50.00

20036526



04132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000018172 1. Entity Name PARADISE MARINAS OF FLORIDA, 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 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 330 S. ORANGE AVE <small>Suite, Apt. #, etc.</small>			
City & State SARASOTA, FL Zip 34236 Country USA		City & State SARASOTA, FL Zip 34236 Country USA		4. FEI Number 20-2347115	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Number is Not Acceptable) 330 S. ORANGE AVE City SARASOTA FL Zip Code 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					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	330 S. ORANGE AVE SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date 4.10.06 Daytime Phone # 941-807-5600			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					