

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90150 006 \*\*\*\*50.00

<b>DOCUMENT # L05000025832</b>					
<b>1. Entity Name</b> PARADISE PROFESSIONAL TITLE, LLC					
<b>Principal Place of Business</b> 12620 WORLD PLAZA LANE, BUILDING 60, #3 FORT MYERS, FL 33907			<b>Mailing Address</b> 12620 WORLD PLAZA LANE, BUILDING 60, #3 FORT MYERS, FL 33907		
<b>2. Principal Place of Business</b> 2816 Del Prado Blvd Suite, Apt. #, etc. Ste 6 City & State Cape Coral FL Zip 33904 Country USA		<b>3. Mailing Address</b> 8695 College Pkwy Suite, Apt. #, etc. Ste 260 City & State Ft Myers FL Zip 33919 Country USA			
01092006 Chg-LLC CR2E083 (11/05)					
<b>4. FEI Number</b> 27-0118347				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BUILDING 60, #3 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8695 College Pkwy Ste 260 City Ft Myers FL Zip Code 33919		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BUILDING 60, #3 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8695 College Parkway Ste 260 Fort Myers, FL 33919	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Albion Snow</u>			1-24-6 239-277-5677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30000950





ATTACHMENT

30000950

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

PARADISE PROFESSIONAL TITLE, LLC  
8695 COLLEGE PKWY STE 260  
FORT MYERS, FL 33919

Subject: **PARADISE PROFESSIONAL TITLE, LLC**

Reference Number: **L05000025832**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION