

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030419

FILED
Apr 30, 2006
Secretary of State

Entity Name: PARADISE BUILDERS LLC

Current Principal Place of Business:

3107 QUEEN PALM DRIVE
TAMPA, FL 33610

New Principal Place of Business:

3107 QUEEN PALM DRIVE
TAMPA, FL 33619

Current Mailing Address:

PO BOX 959
MANGO, FL

New Mailing Address:

PO BOX 959
MANGO, FL 33550

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JERALD, CURTIS
1713 WOODHAVEN DRIVE
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

CURTIS, JERALD E
3107 QUEEN PALM DRIVE
TAMPA, FL 33619 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: JERALD CURTIS

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CURTIS, JERALD E
Address: 1713 WOODHAVEN DRIVE
City-St-Zip: BRANDON, FL 33510

Title: MGR () Delete
Name: CANADY, DAVID
Address: 2306 TIMBER GROVE DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CURTIS, JERALD E MGR
Address: 3107 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

Title: MGR (X) Change () Addition
Name: CANADY, DAVID MGR
Address: 3107 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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: JERALD CURTIS

MGR

04/30/2006

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