2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L05000042580 1. Entity Name PARADISE DEVELOPMENTS, LLC							04-30-2007	90044 03	0 ****5	0.00
Principal Place	e of Busines	···	Mailing Address			1 4 U	U00/41			
Principal Place of Business 350 BOCA CIEGA DR MADEIRA BEACH, FL 33708 US			1384-54TH AVE NE SAINT PETERSBURG, FL 33703 US							
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt.			Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E08	3 (12/06)	
City & State	e		City & State			4. FEI Number 20-2813			_ 	plied For t Applicable
Zip		Country .	Zip	Count	ry	5. Certificate of	of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	Registered Ap	gent	
WINEBRE 1384-54TH				•	Name Street Address	(P.O. Box Numbe	r is Not Acceptable	e)		
		RG, FL 33703		•			· · · · · · · · · · · · · · · · · · ·	<u> </u>	··· ·	
r.	•				City FL Zip			Zip Code	e	
			or the purpose of changing its	registere	d office or registe	red agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
	tions of regis	tered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)		DATE		
Fi	Signature, typed	is \$50.00	t and title if applicable. (NOT	E: Registered	i Agent signature require	d when reinstating)		DATE se check pa a Departme		8
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11. 1 hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	2	TIMOTHY	ADAMS	4/:
	TYPED OR PRINTED NAME OF SIGNING MANAGE	GING MEMBER, MANAGER, (OR AUTHORIZED	REPRESENTATIVE

NAME

STREET ADDRESS CITY-ST-ZIP

4/27/07

727/327-1256

Daytime Phone #