

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050098

FILED
Apr 29, 2006
Secretary of State

Entity Name: PARADISE PROFESSIONAL ORGANIZERS, LLC

Current Principal Place of Business:

207 E. CEDARWOOD CIRCLE
SUITE 8
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

207 E. CEDARWOOD CIRCLE
SUITE 8
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 36-4576678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, WATERMAN
207 E. CEDARWOOD CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATERMAN, VERONIQUE
Address: 207 E. CEDARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM () Delete
Name: CHARLES, WATERMAN
Address: 207 E. CEDARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES WATERMAN

MR.

04/29/2006

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