2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000051185

Entity Name: PARADISE PROPERTY DEVELOPMENTS, LLC

FILED Feb 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

427 OSPREY LANE

PANAMA CITY BEACH, FL 32407

Current Mailing Address: New Mailing Address:

427 OSPREY LANE PANAMA CITY BEACH, FL 32407 PSC 816, BOX 14 FPO, AE 09612

FEI Number: 65-1252400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

APPLEMAN, SHEPARD & DOWNING LAW OFFICES 2211 THOMAS DRIVE PANAMA CITY BEACH, FL, FL 32408 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: JEAN MARIE DOWNING, ESQ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Name: ROBINSON, THOMAS

Address: 427 OSPREY LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM () Delete
Name: ROBINSON, TAMBRIE
Address: 427 OSPREY LANE

City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM () Delete Name: ROBINSON, MICHAEL

Address: 427 OSPREY LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: ROBINSON, THOMAS Address: PSC 816, BOX 14 City-St-Zip: FPO, AE 09612

Title: MGRM (X) Change () Addition

Name: ROBINSON, TAMBRIE Address: PSC 816, BOX 14 City-St-Zip: FPO, AE 09612

Title: MGRM (X) Change () Addition

Name: ROBINSON, MICHAEL
Address: 1348 PARMA DR.
City-St-Zip: LEWISVILLE, TX 75077

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: THOMAS D. ROBINSON, MD MGRM 02/25/2007