

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051185

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: PARADISE PROPERTY DEVELOPMENTS, LLC

**Current Principal Place of Business:**

427 OSPREY LANE  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

4708 BAY HEAD RD  
YOUNGSTOWN, FL 32466

**Current Mailing Address:**

24 WEST 8TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

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

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

JOHN R GREEN PA  
24 WEST 8TH STREET  
PANAMA CITY, FL 32401      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: ROBINSON, THOMAS  
Address: PSC 816, BOX 14  
City-St-Zip: FPO, AE 09612

Title: MGRM ( ) Delete  
Name: ROBINSON, TAMBRIE  
Address: PSC 816, BOX 14  
City-St-Zip: FPO, AE 09612

Title: MGRM ( ) Delete  
Name: ROBINSON, MICHAEL  
Address: 1348 PARMA DR.  
City-St-Zip: LEWISVILLE, TX 75077

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, THOMAS  
Address: PSC 836, BOX 516  
City-St-Zip: FPO, AE 09636

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, TAMBRIE  
Address: PSC 836, BOX 516  
City-St-Zip: FPO, AE 09636

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

I hereby certify that the information supplied with this filing does not qualify 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

03/20/2009

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