

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054992

Entity Name: PARADISE BAYOU, LLC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

3220 6TH AVE. SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

1626 18TH AVE SOUTH
ST. PETERSBURG, FL 33705

Current Mailing Address:

3220 6TH AVE. SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

P.O. BOX 15355
ST. PETERSBURG, FL 33733

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS & CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

ABDUL, AZIZ
1000 55TH AVE SOUTH
ST. PETERSBURG, FL 33705 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: ABDUL AZIZ

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANEEF, MEKAL
Address: 3220 6TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KLM TRUST,
Address: P.O. 15355
City-St-Zip: ST. PETERSBURG, FL 33733

Title: MGRM () Change (X) Addition
Name: AMJAL TRUST,
Address: P.O. BOX 10676
City-St-Zip: ST. PETERSBURG, FL 33733

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: ABDUL AZIZ

MGRM

04/10/2006

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