

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000058734**

1. Entity Name  
VIA PARADISUS INVESTORS, L.L.C.



Principal Place of Business  
10935 S.E. 177TH PLACE #305  
SUMMERFIELD, FL 34491

Mailing Address  
10935 S.E. 177TH PLACE #305  
SUMMERFIELD, FL 34491



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3276310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FIRST AMERICAN INTERNATIONAL, INC.  
10935 S.E. 177TH PLACE, #305  
SUMMERFIELD, FL 34491

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000833597  
02/28/08-80018-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
REINTJES HOLDINGS, LLC  
2400 WEST 59TH ST  
SHAWNEE MISSION, KS 66208

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LANE, GLENN E  
10935 S.E. 177TH PLACE #305  
SUMMERFIELD, FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Glenn E Lane*  
Managing Member

1/11/08

352-245-5090