## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000058911**

1. Entity Name

PARADISE NYFL LLC



Principal Place of Business

Mailing Address

1723 SE 40TH TERRACE CAPE CORAL, FL 33904 1723 SE 40TH TERRACE CAPE CORAL, FL 33904 FILED Jan 14, 2008 08:00 A Secretary of State



 $\Box$ 

01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3752586 Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUTZ, KENNETH G 1723 SE 40TH TERRACE CAPE CORAL, FL 33904

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8.	B. The above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the p	or registered agent, or bot	h, in the State of Florida.	I am familiar with,	and accep
	the obligations of registered agent.	_ •	•		•

SIGNATURE

Signeture, 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 000000784125 01/16/08-80033-014 138.75

9. MANAGING MEMBERS/MANAGERS						
TITLE	MGRM					
NAME	ROSSI, HENRY L					
STREET ADDRESS	101 SW 57TH ST					
CITY-ST-ZIP	CAPE CORAL, FL 33914					
TITLE	MGRM					
NAME	MORRIS, SARAH J					
STREET ADDRESS	101 SW 57TH ST					
CITY-ST-ZIP	CAPE CORAL, FL 33914					
TITLE	MGRM					
NAME	ROSSI, ANNA M					
STREET ADDRESS	7 WOODRIDGE ROAD					
CITY-ST-ZIP	AMSTERDAM, NY 12020					
TITLE	MGRM					
NAME	MROZKOWSKI, PHYLLIS					
STREET ADDRESS	327 MEADOWLARK DRIVE					
CITY-ST-ZIP	BALLSTON SPA, NY 12020					
TITLE	MGRM					
NAME	LUTZ, PENELOPE					
STREET ADDRESS	1723 SE 40TH TERRACE					
CITY-ST-ZIP	CAPE CORAL, FL 33904					
mië .	MGR					
NAME	LUTZ, KENNETH G					
STREET ADDRESS	1723 SE 40TH TERRACE					
CITY-ST-ZIP	CAPE CORAL, FL 33904					
11   horeby	11. I hereby certify that the information supplied with this filing does not qualify for the ex					

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SIGNATI IRE-

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<sup>11.</sup> 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.