


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000067295 1. Entity Name PARADISE CAY, LLC	
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Principal Place of Business 400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33884	Mailing Address P.O. BOX 589 WINTER HAVEN, FL 33882
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04032008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number 20-3110625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNSON, LESLIE W III 400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33884
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

U000000897245
04/25/08-80039-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNSON, LESLIE W III P.O. BOX 589 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNSON, LESLIE W JR. P.O. BOX 589 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKS, JAMES M JR. 3922 CHEVERLY DRIVE, WEST LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Leslie W. Dunson III	4-11-08 863-293-9888
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>