2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071670

DERR, ROBERT G

JACKSONVILLE, FL 32256

11223 CHESTER LAKE ROAD WEST

Name:

Address:

City-St-Zip:

Entity Name: LAKE MARIAN PARADISE, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
901 ARNO KENANSVI	LD ROAD LLE, FL 34739	US		
Current Mailing Address:			New Mailing Address:	
P.O. BOX 5 LONGWOO	520247 DD, FL 32752	US		
FEI Number:	13-4302822	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1205 ROXE	HARRISON R BORO ROAD DD, FL 32750	US		
The above in the State		ubmits this statement for the po	urpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	STERLING, ROB 114 SPRING VAL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () I BOWLES, HARR 1205 ROXBORO LONGWOOD, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	JACKSON, ROBI 210 21ST AVEN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGR ()[Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HARRISON R BOWLES MGR 01/14/2009