

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90259 030 \*\*\*\*50.00

<b>DOCUMENT # L05000074798</b>					
<b>1. Entity Name</b> BUILDING PARADISE, LLC					
<b>Principal Place of Business</b> 475 BILTMORE WAY SUITE 300 CORAL GABLES, FL 33134			<b>Mailing Address</b> 475 BILTMORE WAY SUITE 300 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 396 Alhambra Circle		<b>3. Mailing Address</b> 396 Alhambra Circle			
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Country USA		Zip 33134	
Country USA		Country USA			
<b>6. Name and Address of Current Registered Agent</b>  SCAGLIONE, MICHAEL J ESQ. 475 BILTMORE WAY SUITE 300 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name: Michael J. Scaglione, Esq. Street Address (P.O. Box Number is Not Acceptable): 396 Alhambra Circle Suite 210 City: Coral Gables FL Zip Code: 33134		
<b>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.</b> SIGNATURE: <u>Michael J. Scaglione</u> registered agent 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANCE, JASON 1521 ALTON ROAD, NO. 614 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCAGLIONE, MICHAEL J ESQ. 475 BILTMORE WAY, SUITE 300 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANCE, TAMARA 1521 ALTON ROAD NO. 614 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Michael J. Scaglione</u> 4/30/07 305-447-0392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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4. FEI Number 06-1762881 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required