

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90200 024 ***138.75

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02162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000074984 1. Entity Name CABANA CLUB AT PARADISE LAKES, LLC					
Principal Place of Business 2001 BRINSON ROAD LUTZ, FL 33558			Mailing Address P O BOX 750 LAND O LAKES, FL 34639		
2. Principal Place of Business - No P.O. Box 5514 Park Blvd Suite, Apt. #, etc.		3. Mailing Address 5514 Park Blvd Suite, Apt. #, etc.			
City & State Pinellas Park, FL Zip 33781 Country US		City & State Pinellas Park, FL Zip 33781 Country US		4. FEI Number 20-3229586	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARADISE LAKES, INC. 2001 BRINSON ROAD LUTZ, FL 33558			7. Name and Address of New Registered Agent Name Roger B. Broderick Street Address (P.O. Box Number is Not Acceptable) 5514 Park Blvd City Pinellas Park FL Zip Code 33781		
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.</small>			DATE 2/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARADISE LAKES INC P O BOX 750 LAND O LAKES, FL 34639 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/19/08 Daytime Phone # 727 544-1403		

Roger B. Broderick