

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075755

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA'S PARADISE VILLA, LLC

Current Principal Place of Business:

8083 ROARING CREEK COURT
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470899
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-3251950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, ABRAHAMSEN
7725 SIMON RIDGE CT
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

KAREN, GILSON
8083 ROARING CREEK CT
KISSIMMEE, FL 34747 US

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.

SIGNATURE: KAREN GILSON

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILSON, KAREN L
Address: PO BOX 407899
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GILSON, MICHAEL J
Address: PO BOX 407899
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: ABRAHAMSEN, JOHN
Address: 7725 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KAREN GILSON

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date