

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

<b>DOCUMENT # L05000079077</b> 1. Entity Name <b>PARADISE BOAT RENTALS LLC</b>					
Principal Place of Business <b>5950 PENINSULAR AVE KEY WEST, FL 33040</b>			Mailing Address <b>5950 PENINSULAR AVE KEY WEST, FL 33040</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3303274</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAMIREZ, CAMILO 5950 PENINSULAR AVE KEY WEST, FL 33040</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAMIREZ, CAMILO 5950 PENINSULAR AVE KEY WEST, FL 33040</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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>SIGNATURE: <u>Camilo Ramirez</u> Camilo Ramirez - Managing Member 4-18-06 305-293-0110</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

PAID \$50.00 #91 4-18-06

2062

## Paradise Boat Rentals, LLC

5950 Peninsular Avenue

Key West, FL 33040

(305) 293-0110

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October 17, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

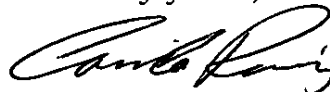
**RE: Entity - Paradise Boat Rentals, LLC**  
**Document No. - L05000097077**

Dear Madam/Sir:

Pursuant to my conversation with your office yesterday, October 16, 2006, attached is the 2006 Annual Report for the above referenced company. As stated by your representative, our report was filed and paid on April 18, 2006; however, we failed to include the FEI number on the report. As such, we have provided that information on the attached report for your records.

We apologize for any inconvenience this may have caused and if you have any questions concerning this matter, please feel free to contact me at the above number or (305) 304-6725.

Cordially yours,



Camilo Ramirez

CR/agw  
Enclosure