

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90057 043 ****50.00

DOCUMENT # L05000080226

1. Entity Name
CINNIMONIUM PARADISUS, LLC



Principal Place of Business
**4505 WILKINSON ROAD
SARASOTA, FL 34233**

Mailing Address
**4505 WILKINSON ROAD
SARASOTA, FL 34233**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3322607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACKSEY, TIMOTHY R
4505 WICKINSON RD
SARASOTA, FL 34233**

Name **TIMOTHY P. MACKSEY**
Street Address (P.O. Box Number is Not Acceptable)
4505 WILKINSON RD.
City **SARASOTA** FL Zip Code **34233**

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

Timothy P. Macksey

Signature, typed or printed name of registered agent and title if applicable

(NOT a Registered Agent signature required when reinstating)

DATE

1/5/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACKSEY, TIMOTHY P
4505 WICKINSON RD
SARASOTA, FL 34233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**4505 WILKINSON RD.
SARASOTA, FL 34233** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VAN DER ARK, CLAIRE M. M.
4501 WILKINSON ROAD
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**4505 WILKINSON RD.
SARASOTA, FL 34233** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ 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.

SIGNATURE:

Timothy P. Macksey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/5/07

Date

Daytime Phone #

941-926-7676