

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 009 \*\*\*\*50.00

30008711



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000083041</b>					
1. Entity Name <b>PALM BEACH PARADISE, LLC</b>					
Principal Place of Business <b>12127 CAPTAINS LANDING NORTH PALM BEACH FL 33408</b>			Mailing Address <b>12127 CAPTAINS LANDING NORTH PALM BEACH FL 33408</b>		
2. Principal Place of Business <b>235 Sunrise Ave Suite, Apt. #, etc. # 3245</b>			3. Mailing Address <b>12127 Captains land Suite, Apt. #, etc.</b>		
City & State <b>Palm Beach Fl</b>		City & State <b>North Palm Beach Fl</b>		4. FEI Number <b>20-3364825</b>	
Zip <b>33480</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BANISTER, JOHN R 3399 PGA BLVD 480 PALM BEACH GARDENS FL 33410</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>John Banister</i></u> (NOTE: Registered Agent signature required when transferring) DATE: _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANISTER, LYNN 12127 CAPTAINS LANDING NORTH PALM BEACH FL 33410 <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	
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 Section 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: <u><i>John Banister</i></u>			4/14/06 52613122625		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____ Daytime Phone: _____		