2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085513

1. Entity Name

PARADISE PROPERTIES OF SARASOTA, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

442 CLEVELAND DR. SARASOTA, FL 34236 Mailing Address

442 CLEVELAND DR. SARASOTA, FL. 34236



 \Box

04242008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number 20-8915396 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

MCDEVITT, CHRISTINE A 442 CLEVELAND DR. SARASOTA, FL 34236

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		IN THIS STACE
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		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MCDEVITT, CHRISTINE A	
STREET ADDRESS	442 CLÉVELAND DR.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		
NAME		HANGAGAGA HHBBHAYAGA
STREET ADDRESS		05/21/08-80073-023 138.75
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WOITE
CITY-ST-ZIP		DO NOT WRITE
TITLE		INITHIC COACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		f .
CITY-ST-ZIP		
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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		