

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087728

Entity Name: PARADISE, LC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

2100 TAMIAMI TRAIL SOUTH  
SUITE C  
VENICE, FL 34293

## New Principal Place of Business:

2936 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224

## Current Mailing Address:

2100 TAMIAMI TRAIL SOUTH  
SUITE C  
VENICE, FL 34293

## New Mailing Address:

PO BOX 3670  
PLACIDA, FL 33946 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KORZILIUS, ERIC V  
2100 TAMIAMI TRAIL SOUTH  
SUITE C  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

KEATHLEY, KERRY H  
2936 SO MCCALL RD  
ENGLEWOOD, FL 34224 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: KERRY H. KEATHLEY

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CHAUHAN, ASIM  
Address: 1377 FIFTH STREET  
City-St-Zip: SARASOTA, FL 34236 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KEATHLEY, KERRY H  
Address: PO BOX 730  
City-St-Zip: PLACIDA, FL 33946 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KERRY H. KEATHLEY

MGR

05/01/2006

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