
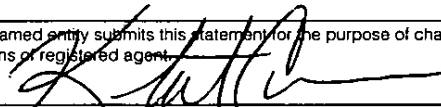
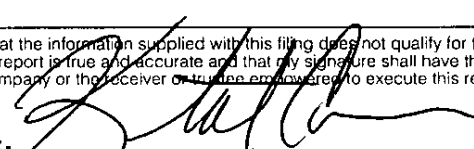


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000116050</b> 1. Entity Name <b>BEDS OF PARADISE ENTERPRISES, LLC.</b>						<h2 style="margin: 0;">FILED</h2> <p style="margin: 5px 0;">07 AUG 24 PM 2:46</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business <b>P.O. BOX 266225 2258 NW 171</b> <b>WESTON, FL 33326 US Terrace</b>				Mailing Address <b>P.O. BOX 266225 3550 ESPLANADE WAY</b> <b>WESTON, FL 33326 US # 5201</b>			
2. Principal Place of Business - No P.O. Box # <b>2258 NW 171 Terrace</b>				3. Mailing Address <b>3550 Esplanade</b> Suite, Apt. #, etc. <b>5201</b>			
City & State <b>Pembroke Pines, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>20-3948323</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33028</b>		Country <b>USA</b>		Zip <b>32311</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>CARON, KRISTAL M</b> <b>2258 NW 171 TERRACE</b> <b>PEMBROKE PINES, FL 33028</b>				7. Name and Address of New Registered Agent Name <b>Kristal M. Caron</b> Street Address (P.O. Box Number is Not Acceptable) <b>3550 Esplanade Way</b> <b># 5201</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32311</b>			
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  DATE <b>8/24/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>CARON, KRISTAL M</b> <b>P.O. BOX 266225</b> <b>WESTON, FL 33326</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Kristal M. Caron</b> <b>3550 Esplanade Way # 5201</b> <b>Tallahassee, FL 32311</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		
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		
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. SIGNATURE:  DATE <b>8/24/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							