


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120273 1. Entity Name PALM ISLAND PARADISE, LLC	
---	---

Principal Place of Business 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710	Mailing Address 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710
--	--

DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3956150	Applied For Not Applicable
-----------------------------	-------------------------------

5: Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent RACHEL, ANNETTE C 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000917672
05/13/08-80051-024 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACHEL, ANNETTE C 6551 CENTRAL AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONAT, TRACI 6551 CENTRAL AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHOADS, SHARON 6551 CENTRAL AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Annnette C. Rachel* *Member* *4-10-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #