## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000121676

40 SOUTH BRIDGE LANE

KEY LARGO, FL 33037

Address:

City-St-Zip:

Entity Name: PARADISE WAY LLC

FILED Apr 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 40 SOUTH BRIDGE LANE 3 BARRACUDA LANE KEY LARGO, FL 33037 KEY LARGO, FL 33037 US **Current Mailing Address: New Mailing Address:** 3 BARRACUDA LANE KEY LARGO, FL 33037 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CLARE III, JAMES III Name: Name: Address: 40 SOUTH BRIDGE LANE Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CLARE III, JAMES Name: Address: 40 SOUTH BRIDGE LANE Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: () Change () Addition CLARE III, JAMES Name: Name: 40 SOUTH BRIDGE LANE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CLARE III, JAMES Name: 40 SOUTH BRIDGE LANE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: () Change () Addition CLARE III, JAMES Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JAMES J CLARE III MGRM 04/16/2008