

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122527

**FILED**  
**Feb 07, 2009**  
**Secretary of State**

**Entity Name:** PARADISE IN PARADISE LLC

**Current Principal Place of Business:**

1100 FLORIDA AVE.  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1100 FLORIDA AVE.  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

600 PARK PLACE  
WEST PALM BEACH, FL 33401

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAYES, JAMES  
1100 FLORIDA AVE.  
WEST PALM BEACH, FL 33401      US

**Name and Address of New Registered Agent:**

HAYES, JAMES  
600 PARK PLACE  
WEST PALM BEACH, FL 33401      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: \_\_\_\_\_

02/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM      ( ) Delete  
Name:           HAYES, JAMES  
Address:        1100 FLORIDA AVE.  
City-St-Zip:    WEST PALM BCH, FL 33401

**ADDITIONS/CHANGES:**

Title:            MGRM      (X) Change ( ) Addition  
Name:           HAYES, JAMES  
Address:        600 PARK PLACE  
City-St-Zip:    WEST PALM BCH, FL 33401

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.

SIGNATURE: JAMES HAYES

MGRM

02/07/2009

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