

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123448

FILED
Jul 07, 2006
Secretary of State

Entity Name: PARADISE ABTRACTOR SYSTEMS LLC

Current Principal Place of Business:

13191 STARKEY ROAD
SUITE 6
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

704 BRUCE AVENUE
CLEARWATER BEACH, FL 33767

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

MILLHOUSE, SHARON G
704 BRUCE AVENUE
CLEARWATER BEACH, FL 33767 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: MGRM () Delete
Name: MILLHOUSE, SHARON G
Address: 704 BRUCE AVENUE
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DEVRIES, EVA
Address: 13191 STARKEY ROAD SUITE 6
City-St-Zip: LARGO, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MILLHOUSE, DEAN A
Address: 704 BRUCE AVENUE
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DEVRIES, KURT
Address: 13191 STARKEY ROAD SUITE 6
City-St-Zip: CLEARWATER BEACH, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON MILLHOUSE

MA

07/07/2006

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