



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000042250 1. Entity Name PARADISE BUILDERS, LLC	
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Principal Place of Business 2375 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445	Mailing Address 2375 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



03302008 No Chg-LLC CR2E083 (12/07)

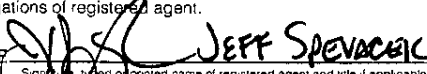
4. FEI Number 76-0826822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEVACEK, JEFFREY
2375 RABBIT HOLLOWE CIRCLE
DELRAY BEACH, FL 33445

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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  JEFF SPEVACEK Managing Partner 4/21/8
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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEVACEK, JEFFREY 2375 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEVACEK, ISA 2375 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445
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05/13/08-80058-010 138.75

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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:  JEFF SPEVACEK 4/24/8 561 499 4486
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #