

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058762

Entity Name: PARADISE HOMES, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

5555 ANGLERS AVENUE  
SUITE 4  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

5555 ANGLERS AVENUE  
SUITE 4  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 20-5007350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAIG M. DORNE, PA  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FL 33139 US

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

ENRIQUE, HERSMAN  
5555 ANGLERS AVENUE  
4  
FT LAUDERDALE, FL 33312 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: ENRIQUE HERSMAN

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERSMAN, ENRIQUE  
Address: 5555 ANGLERS AVENUE, SUITE 4  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM ( ) Delete  
Name: WINGATE, RICK  
Address: 5555 ANGLERS AVENUE, SUITE 4  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

**ADDITIONS/CHANGES:**

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

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

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: ENRIQUE HERSMAN

PD

04/21/2009

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