2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 27, 2008 8:00 am Secretary of State **DOCUMENT # L06000061355** 02-27-2008 90075 005 ***138.75 PARADISE SHRIMP COMPANY, LLC Principal Place of Business Mailing Address 20621 WILDCAT RUN DRIVE P.O. BOX 366186 ESTERO, FL 33928 **BONITA SPRINGS, FL 34136** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-5051576 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard Ewino WHITESMAN, GUY E Street Address (P.O. Box Number is Not Acceptable) 1715 MONROE STREET FORT MYERS, FL 33901 Estero 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, typed or printed name of registered agent and title if applicable DATE FILE NOWIII_FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Change Delete ITHE ☐ Addition ALPERT, ELIZABETH NAME NAME STREET ADDRESS 20621 WILDCAT RUN DRIVE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP MGR TETLE ☐ Defete TITLE ☐ Change ☐ Addition EWING, RICHARD C NAME NAME STREET ADDRESS 20621 WILDCAT RUN DRIVE STREET ADDRESS ESTERO, FL 33928 CITY-ST-7IP City-St-78 ☐ Delete TITLE TITI F ☐ Change ☐ Addition DAVIS, JEFFREY W NAME **870 EUBANKS COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP **X** Delete ☐ Addition TITLE Change DAVIS JEFFREY W.JR. NAME STREET ADDRESS 1244 SHANANDOAH COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP ☐ Delete Change Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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.

FILED