2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-27-2007 90197 001 ****50.00

30005376

04182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000071295

1. Entity Name
L&L PARA, LTD. CO.

Principal Place of Business	Mailing Address
25241 ELEMENTARY WAY STE 206 BONITA SPRINGS, FL 34135	25241 ELEMENTARY WAY STE 206 BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
The Business-Law Building	SAme
Suite, Apt. #, etc.: 27911 Crown Point Lake Blds, Ste 200	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State
Zip: 34135 Country: USA	Zip Country

4. FEI Number: Non-Applicable — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, RICHARD D
25241 ELEMENTARY WAY STE 206
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: NONE
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

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: [signature] 4/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LYONS, RICHARD D 25241 ELEMENTARY WAY STE 206 BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Kevin M. Lyons The Business + LAW Building 27911 Crown LAKe Blvd., Ste 200 Bonita Springs, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Monica A. Vondruska The Business + LAW Building 27911 Crown LAKe Blvd., Ste 200 Bonita Springs, FL 34135	☐ Change ☑ Addition
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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: [signature] 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

3/27/2007-90197-001-$50.00-$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L06000071295

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L&L PARA, LTD. CO.

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03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
The Business + Law Building	SAME
Suite, Apt. #, etc.: 27911 Crown Lake Blvd Ste 200	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State
Zip: 34135 Country: USA	Zip / Country

4. FEI Number: Non-Applicable ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS, RICHARD D 25241 ELEMENTARY WAY STE 206 BONITA SPRINGS, FL 34135	Name: L+L PARA, LTD. CO. Street Address (P.O. Box Number is Not Acceptable): The Business + Law Building 27911 Crown Lake Blvd., Ste 200 City: Bonita Springs FL Zip Code 34135

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 [signature] 3/22/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

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SIGNATURE: [signature] 3/22/07 239-948-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #