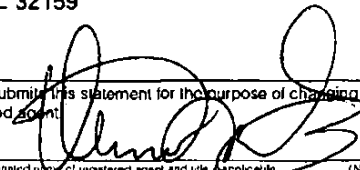
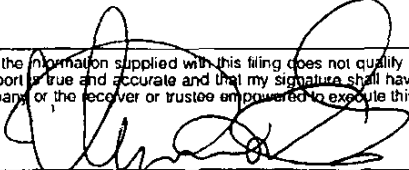


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-21-2007 90104 013 ****50.00

DOCUMENT # L06000071683 1. Entity Name PARADISE PAVERS & COPING, LLC					
Principal Place of Business 740 SOUTH U.S. HIGHWAY 441-27 LADY LAKE FL 32159			Mailing Address 740 SOUTH U.S. HIGHWAY 441-27 LADY LAKE FL 32159		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 65-1285966	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NICHOLAS, VINCENT D 740 SOUTH U.S. HIGHWAY 441-27 LADY LAKE FL 32159				7. Name and Address of New Registered Agent Name 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, typed or printed name of registered agent and title (Applicable) 2/12/07 DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLAS, VINCENT D 359 SUNNY OAKS WAY LADY LAKE FL 32159	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINMETZ, NEIL J 34105 PICCIOLA DRIVE FRUITLAND PARK FL 34731	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINMETZ, STEPHEN A 3816 LAKE GRIFFIN ROAD LADY LAKE FL 32159	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					