

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090261

FILED
May 29, 2007
Secretary of State

Entity Name: DRAKE & DRAKE PARADISE PROPERTIES LLC

Current Principal Place of Business:

9296 BELLE COURT, BLDG. 1 UNIT 202
NAPLES, FL 34114

New Principal Place of Business:

9296 BELLE COURT,
BLDG. 1 UNIT 202
NAPLES, FL 34114

Current Mailing Address:

9296 BELLE COURT, BLDG. 1 UNIT 202
NAPLES, FL 34114

New Mailing Address:

9296 BELLE COURT
BLDG. 1 UNIT 202
NAPLES, FL 34114

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DRAKE, BRUCE
Address: 9296 BELLE COURT, BLDG. 1 UNIT 202
City-St-Zip: NAPLES, FL 34114

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

Title: MGRM () Delete
Name: DRAKE, BETHANIE J
Address: 9296 BELLE COURT, BLDG. 1 UNIT 202
City-St-Zip: NAPLES, FL 34114

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: BETHANIE J. DRAKE

MGRM

05/29/2007

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