

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094939

FILED
Jan 11, 2008
Secretary of State

Entity Name: ROYAL PARADISE HOMES, LLC

Current Principal Place of Business:

12601 AVALON ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622903
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 38-3744440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, SCOTT D
655 W. MORSE BOULEVARD
SUITE 212
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: EMBASSY CUSTOM HOMES, , INC.
Address: 12601 AVALON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: BEELER BUILT, LLC,
Address: 3511 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: JORDAN, GIOVANNI B
Address: 12601 AVALON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: JORDAN, GIOVANNI B
Address: PO BOX 622903
City-St-Zip: OVIEDO, FL 32762

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: LARRY JORDAN

MGM

01/11/2008

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