


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000095243</b>	
1. Entity Name <b>SNOWBIRD PARADISE, LLC</b>	

Principal Place of Business <b>1037 WITTMAN DRIVE FT. MYERS, FL 33919</b>	Mailing Address <b>1037 WITTMAN DRIVE FT. MYERS, FL 33919</b>
--	--

DO NOT WRITE IN THIS SPACE



03232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>30-0388162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GALBRAITH, BRAD A 1045 CROSSPOINTE DRIVE SUITE 1 NAPLES, FL 34110</b>
---

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000900803  
04/29/08-80043-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMINSKI, KELLY K 1037 WITTMAN DRIVE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMINSKI, TAMMY L 1037 WITTMAN DRIVE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:** *Tammy Kaminski* **Tammy Kaminski** **4/15/08** **239-454-4270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #