

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111048

FILED
Mar 20, 2009
Secretary of State

Entity Name: PARADISE PROPERTY RENTALS LLC

Current Principal Place of Business:

8981 DANIELS CENTER DR #201
FORT MYERS, FL 33912

New Principal Place of Business:

3620 COLONIAL BLVD
STE 140
FORT MYERS, FL 33966

Current Mailing Address:

8981 DANIELS CENTER DR #201
FORT MYERS, FL 33912

New Mailing Address:

3620 COLONIAL BLVD
STE 140
FORT MYERS, FL 33966

FEI Number: 20-8158097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANGUINE, LEN C
13491 SABAL POINT DRIVE
FORT MYERS, FL 33905 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: MGR () Delete
Name: SANGUINE, LEN C
Address: 13491 SABAL POINT DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM () Delete
Name: WALKER, BURR
Address: 12031 BRAMBLE COVE DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WALKER, BURR
Address: 3620 COLONIAL BLVD, STE 140
City-St-Zip: FORT MYERS, FL 33966

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: LEN SANGUINE

MGR

03/20/2009

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