FILED
Jun 18, 2007 8:00 am
Secretary of State
04-26-2007 90036 034 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30010905

04102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000113783

1. Entity Name
PARADISE FOUND OF KW, LLC

Principal Place of Business	Mailing Address
2383 FIESTA DRIVE SARASOTA, FL 34231	P.O. BOX 21182 SARASOTA, FL 34276
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORAN, JOHN A ESQ.~~
~~1990 MAIN STREET, SUITE 700~~
~~SARASOTA, FL 34236~~

7. Name and Address of New Registered Agent

Name: Michael J. Johnson
Street Address (P.O. Box Number is Not Acceptable): 2383 Fiesta Drive
City: SARASOTA FL Zip Code: 34231

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] Michael J. Johnson 4/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	JOHSON, MICHAEL J	
STREET ADDRESS	2383 FIESTA DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Michael J. Johnson 4/10/07 941-927-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #