


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90205 028 ***138.75

DOCUMENT # L07000066794
1. Entity Name
NATURE'S PARADISE, LLC



Principal Place of Business Mailing Address
14022 5TH STREET, Suite C 14022 5TH STREET
DADE CITY FL 33525 DADE CITY FL 33525



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14022 5th Street P. O. Box 1165
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C

1st MOORE CR2E083 (10/07)

City & State City & State
Dade City, FL Dade City, FL

4. FEI Number Applied For
Not Applicable

Zip Country Zip Country
33525 33526-1165

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

6. Name and Address of Current Registered Agent
RIEF, FRANK J III
442 WEST KENNEDY BLVD., SUITE 340
TAMPA FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, PICKENS C P.O. BOX 1165 DADE CITY FL 33526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE: Adkins C. Price Date: 4-25-08 Daytona Phone #: (352) 567-2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #