

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067130

FILED
May 01, 2009
Secretary of State

Entity Name: PARADISE REAL ESTATE INVESTMENT GROUP, LLC

Current Principal Place of Business:

1001 AVENUE G
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1001 AVENUE G
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROLLE, SHANTENKA T
1901 AVENUE O
APT. B
FORT PIERCE, FL 34950 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: HENRY, CHERYL
Address: 1465 23RD STREET SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: MGRM () Delete
Name: JOHNSON, CHRISTINE
Address: PO BOX 1481
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM () Delete
Name: BOYCE, JEFFERY L
Address: 715 NORTH 10TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM () Delete
Name: ROLLE, SHANTENKA T
Address: 1901 AVENUE O, APT. B
City-St-Zip: FORT PIERCE, FL 34950 US

ADDITIONS/CHANGES:

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

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

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

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

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: CHRISTINE JOHNSON

MGRM

05/01/2009

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