

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000069436

1. Entity Name
PARADISE BEACHSIDE LLC



Principal Place of Business
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

Mailing Address
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #
2155 Oceanview Drive
Suite, Apt. #, etc.

3. Mailing Address
2155 Oceanview Drive
Suite, Apt. #, etc.

City & State
Tierra Verde, Florida
Zip
33715

City & State
Tierra Verde, Florida
Zip
33715

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0541368
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D ESQ.
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
Albert Saltiel
Street Address (P.O. Box Number is Not Acceptable)
2155 Oceanview Drive
City
Tierra Verde FL Zip Code
33715

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 reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
Manager	Albert Saltiel	2155 Oceanview Drive	Tierra Verde, FL 33715	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manager	James A. Quintessenza	6101 - 54th Street South	St. Petersburg, FL 33715	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-28-08

727-906-1024

FILED

08 FEB 11 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

