

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119834

FILED
Jun 22, 2009
Secretary of State

Entity Name: PARADISE CAPITAL GROUP, LLC

Current Principal Place of Business:

433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432 US

Current Mailing Address:

433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432 US

New Principal Place of Business:

350 CAMINO GARDENS BLVD.
SUITE 106
BOCA RATON, FL 33432 US

New Mailing Address:

350 CAMINO GARDENS BLVD.
SUITE 106
BOCA RATON, FL 33432 US

FEI Number: 26-1494726 **FEI Number Applied For ()** **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:

DEOLIVEIRA, JASON
433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

DEOLIVEIRA, JASON
350 CAMINO GARDENS BLVD.
SUITE 106
BOCA RATON, FL 33432 US

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: JASON DEOLIVEIRA

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEOLIVEIRA, JASON
Address: 433 PLAZA REAL SUITE 275
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEOLIVEIRA, JASON
Address: 350 CAMINO GARDENS BLVD., SUITE 106
City-St-Zip: BOCA RATON, FL 33432 US

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: JASON DEOLIVEIRA

MGR

06/22/2009

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