

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014598

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** PARADISE PROPERTY CARE OF KEY WEST, LLC

**Current Principal Place of Business:**

280 SUGARLOAF BLVD.  
SUGARLOAF KEY, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

280 SUGARLOAF BLVD.  
SUGARLOAF KEY, FL 33042

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANLEY, SCOTT D  
280 SUGARLOAF BLVD  
SUGARLOAF KEY, FL 33042 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  
Name: STANLEY, SCOTT D  
Address: 280 SUGARLOAF BLVD  
City-St-Zip: SUGARLOAF KEY, FL 33042

I hereby 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:** SCOTT D STANLEY

MGRM

04/14/2010

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