

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073064

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: BAR JP PARADISE 110, LLC

**Current Principal Place of Business:**

3330 FRIARS COVE ROAD  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3330 FRIARS COVE ROAD  
ST. CLOUD, FL 34772

**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:**

TAVRIDES, MATTHEW A  
1560 ORANGE AVE., SUITE 200  
WINTER PARK, FL 32789 US

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

TAVRIDES, MATTHEW A  
711 W. HARVARD STREET  
ORLANDO, FL 32804 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: \_\_\_\_\_ 04/17/2009  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALLACE, JUDITH P  
Address: 3330 FRIARS COVE ROAD  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGR ( ) Delete  
Name: WALLACE, JACK B  
Address: 3330 FRIARS COVE ROAD  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES:**

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: MATTHEW A. TAVRIDES                      RA                      04/17/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date