

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000020154

Entity Name: PARADISE PLACE I, LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6273 WHISPERING OAKS DR. N.  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

219 S. 5TH STREET  
JACKSONVILLE BEACH, FL 32250 US

**Current Mailing Address:**

6273 WHISPERING OAKS DR. N.  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

P.O. BOX 351318  
JACKSONVILLE, FL 32235 US

FEI Number: 27-4727495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORDAN-NOYES, CYNTHIA A  
6273 WHISPERING OAKS DR. N.  
JACKSONVILLE, FL 32277 US

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

NOYES, CYNTHIA A  
219 S. 5TH STREET  
JACKSONVILLE BCH, FL 32250 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: CYNTHIA A. NOYES

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: NOYES, CYNTHIA A  
Address: P.O. BOX 351318  
City-St-Zip: JACKSONVILLE, FL 32235 US

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: CYNTHIA A. NOYES

PRES

04/26/2012

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