| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee           |                                                                                                                                  |                 |                                                                                      |                     |                     | FILED SECRETARY OF STATE DIVISION OF COSPORATIONS  99 MAR - 1 AM 10: 36 |                                                                               |                |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------|---------------------|---------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|-------------------|--|-------------------------------|--|--|---------------------|--|--|------------------------------------------------------|--|--|
| \$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company   DOCUMENT # L94000000345  PARADISE MANOR, L.C.  C/O BANTA P.O. BOX 24943 FT LAUDERDALE FL 33307 |                                                                                                                                  |                 |                                                                                      |                     |                     |                                                                         | 1a. Principal Place of Business Address 465 SW 20 AVE. FT LAUDERDALE FL 33312 |                |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
|                                                                                                                                                                                                                           |                                                                                                                                  |                 |                                                                                      |                     |                     |                                                                         |                                                                               |                |                   |  | Principal Place of Business 2 |  |  | 2a. Mailing Address |  |  | Date Organized or Qualified   3a. State of Formation |  |  |
|                                                                                                                                                                                                                           |                                                                                                                                  |                 |                                                                                      |                     |                     |                                                                         |                                                                               |                |                   |  | Suite, Apt. #, etc.           |  |  | Suite, Apt. #, etc. |  |  | 07/22/1994 FL<br>4. FEI Number                       |  |  |
| ty & State                                                                                                                                                                                                                | e                                                                                                                                | City & St       | City & State                                                                         |                     |                     | Applied Fo                                                              |                                                                               |                | Applied For       |  |                               |  |  |                     |  |  |                                                      |  |  |
| Zip Country                                                                                                                                                                                                               |                                                                                                                                  | Zip             |                                                                                      | Country             | 5. Date of Las      |                                                                         |                                                                               | 6. Certifica   | Not Applicab      |  |                               |  |  |                     |  |  |                                                      |  |  |
|                                                                                                                                                                                                                           | 7. Name and Address of Curre                                                                                                     |                 |                                                                                      |                     | ·                   | 03/11/1                                                                 |                                                                               |                | onal Fee Required |  |                               |  |  |                     |  |  |                                                      |  |  |
| registere                                                                                                                                                                                                                 | nt to the provisions of Sections 608.41<br>ad office or registered agent, or both, in t<br>ed agent, and accept the obligations. | he State of Flo | rida. Such char                                                                      | nge was au          | thorized by affirma | tlive vote of a majorit                                                 |                                                                               | rs. Thereby ac |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
| (flegistered Agent Accepting Appendincent)  D. Title Managing Members/Managers                                                                                                                                            |                                                                                                                                  |                 | NOTE Registered Agent signature requires wherever stating<br>Business Street Address |                     |                     | City, State and Zip Code                                                |                                                                               |                | ip Code           |  |                               |  |  |                     |  |  |                                                      |  |  |
| ĪĞRM                                                                                                                                                                                                                      | GRM MARY L. BANTA REVOCA,                                                                                                        |                 |                                                                                      | 1425 MIDDLE RIVER D |                     |                                                                         | DR. FT LAUDERDALE FL                                                          |                |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
| GRM BRADFORD C. BANTA RE,                                                                                                                                                                                                 |                                                                                                                                  |                 | 1409 MIDDLE RIVER                                                                    |                     |                     | DR. FT LAUDERDALE F                                                     |                                                                               |                | TR LT             |  |                               |  |  |                     |  |  |                                                      |  |  |
| GRM CATHERINE M. BANTA R,                                                                                                                                                                                                 |                                                                                                                                  |                 | 1409 MIDDLE RIVER D                                                                  |                     |                     | DR. FT LAUDERDALE FL                                                    |                                                                               | LE FL          |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
| IGRM PITTMAN, ROGER E                                                                                                                                                                                                     |                                                                                                                                  |                 | 2890 LOVELL LANE                                                                     |                     |                     |                                                                         | HUGHEYTOWN AL                                                                 |                |                   |  |                               |  |  |                     |  |  |                                                      |  |  |
| IGRM                                                                                                                                                                                                                      | PITTMAN, DOROTHY                                                                                                                 | A               | 2890                                                                                 | LOVEI               | LL LANE             |                                                                         | HUGHE                                                                         | YTOWN          | AL                |  |                               |  |  |                     |  |  |                                                      |  |  |
| Idohera                                                                                                                                                                                                                   | eby certify that the information supplied<br>n this annual report is true and accurat                                            |                 |                                                                                      |                     |                     |                                                                         |                                                                               |                |                   |  |                               |  |  |                     |  |  |                                                      |  |  |