
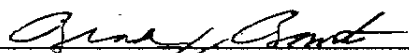


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000345		
1. Entity Name PARADISE MANOR, L.C.		
Principal Place of Business 465 SW 20 AVE. FT LAUDERDALE, FL 33312		Mailing Address C/O BANTA P.O. BOX 24943 FT LAUDERDALE, FL 33307
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BANTA, BRADFORD C 4050 N.E. 1ST AVE. SUITE 117 OAKLAND PARK, FL 33334		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRADFORD C. BANTA REVOCABLE TRUST 1409 MIDDLE RIVER DR. FT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CATHERINE M. BANTA REVOCABLE TRUST 1409 MIDDLE RIVER DR. FT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PITTMAN, ROGER E 2890 LOVELL LANE HUGHEYTOWN, AL 35023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PITTMAN, DOROTHY A 2890 LOVELL LANE HUGHEYTOWN, AL 35023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date: 4-21-04 Daytime Phone #: 954-566-0759
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01232004 No Chg-LLC

CF2E083 (10/03)

4. FEI Number 65-0513674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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05/04/04-80142-010 50.00