4 APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) L94000000566 DOCUMENT # 1. Entity Name VIOLA'S PARADISE HOME I, L.C. 00 APR -6 AMII: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ERNEST A. SEEMANN ERNEST A. SEEMANN 1105 CAPE CORAL PARKWAY, E. 1105 CAPE CORAL PARKWAY, E. CAPE CORAL FL 33904 CAPE CORAL FL 33904-9175 2. Principal Place of Business Mailing Address 5109 Del Prado 5109 Del Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0530581 Florida Floridia Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEEMANN, ERNEST A Street Address (P.O. Box Number is Not Acceptable) 4729 DEL PRADO BLVD CAPE CORAL FL 33904 City 8. The above named entity supprist his statement for the purpose of changing its registered office or register red agent, or both, in the State of Florida Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MGRM Change ☐ Addition TITLE ☐ Debate TITLE VIOLA'S TARADISE HOLDING .L.C. VIOLA'S PARADISE HOLDING.L.C. 5109 Del Prado Blva. 4729 DEL PRADO BLVD. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY- 81- ZII CITY- ST- ZIF **MGRM** Change ☐ Addition TITLE Delete TITI F ROHLEDER, HARALD W NAME MAME STREET ADDRESS 3910 SE 20TH PLACE STREET ADDRESS CAPE, CORAL FL 33904 CITY- ST- ZIF CITY-8T-ZIP. Change Addition TITEF Delete TITLE 300003221803 MAME NAME STREET ADDRESS -04/24/00--01168--008 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****55.00 <u>*****55.00</u> ☐ Delete TITTE Change Addition TITLE MAME NAME STREET ANDRESS STREET ADDRESS CITY- 21-75P CITY- 2T- 717 TITLE ☐ Detate TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 8T- 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 truster empowered to pecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

IANAGING MEMBER OR MANAGER