2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

DOCUMENT # L9900006511  1. Entity Name PARADISE GAS, LLC					FILED				<u>}</u>	
7901 WEST BROWARD BOULEVARD 7901 WEST B		Mailing Address 7901 WEST BROWARD BO PLANTATION FL <sup>1</sup> 33324	WEST BROWARD BO JLEVARD		2001 APR 30 AM 9: 20 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
Principal Place of Business     3. Mailing Address			1001/01  140 101/0 101/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1			AL TIBAT ITAL SERI				
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			_		
City & State		City & State			4. FEI Numb	oer 65-0953540	. <del> </del>	Applied For Not Applicable	-	
Zip 	Zip Country Zip		Country	5. Certificate of Status Desired Fee Rec			Fee Requir			
	6. Name and Address of Current	Registered Agent	Na	me	7. Name an	d Address of New Re	gistered Agent		4	
TATUM, THOMAS R 200 EAST LAS OLAS BOULEVARD, SUITE #1800			Str	Street Address (P.O. Box Number is Not Acceptable)					-	
FORT LAUDERDALE FL 33301		Cit		t <u>Las</u> 01	as Boulevard	FL Zip Con		1		
	named entity submits this statement for	or the purpose of changing its	egistered offi	ce or registere	ed agent, or bo	oth, in the State of Flori	da.		1	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent	signature required	when reinstating)		DATE	<del></del>		
		FILE NO	W!!! FEE able to De		f State					
9.	MANAGING MEMB	ERS/MEMBERS	10.	<u> </u>		ADDITIONS/C	HANGES		}_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITL PUDOLPH HOLDINGS, LTD. 7901 WEST BROWARD BOULEVARD STR		TITLE NAME STREET ADDR				☐ Change	☐ Addition	CR2E083 (11/00)	
TITLE			TITLE	_	-		Change	Addition	CR2	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Addi City-St-Zip		0	000042 -05/17/	221460 0101012	—— <b>1</b>		
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TITLE .  NAME * STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	· 1		1	☐ Change	☐ Addition		
11. Thereby certify that the information supplied with this filling 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:  O4/25/01  SIGNATURE AND TYPHTO NAME PRIVED NAME FORMS SERIES, A NAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date										