

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90047 049 ****55.00

DOCUMENT # M00000001686 1. Entity Name PARADISE INVESTMENTS, L.L.C.			
Principal Place of Business 8488 RADCLIFFE TERRACE # 101 NAPLES, FL 34120		Mailing Address 8488 RADCLIFFE TERRACE # 101 NAPLES, FL 34120	
2. Principal Place of Business 29140 Brendisi Way Suite, Apt. #, etc. 101 City & State NAPLES, FL Zip 34110		3. Mailing Address 29140 Brendisi Way Suite, Apt. #, etc. 101 City & State NAPLES, FL Zip 34110	
4. FEI Number 43-1895114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		05092005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SANFILIPPO, LINDA 8488 RADCLIFFE TERRACE # 101 NAPLES, FL 34120		7. Name and Address of New Registered Agent Name LINDA SANFILIPPO Street Address (P.O. Box Number is Not Acceptable) 29140 BRENDISI WAY 101 City NAPLES FL Zip Code 34110	
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 <i>Linda Sanfilippo</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 5/8/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANFILIPPO, LINDA K MGRM 8488 RADCLIFFE TERRACE # 101 NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Linda Sanfilippo 29140 Brendisi Way 101 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Linda Sanfilippo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 5/8/05 239-595-1098 <small>Daytime Phone #</small>	