

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

6. Name and Address of Current Registered Agent

SANFILIPPO, LINDA
8488 RADCLIFFE TERRACE
101
NAPLES, FL 34120

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/05

**Filing Fee is \$50.00
Due by September 7, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SANFILIPPO, LINDA K MGRM
8488 RADCLIFFE TERRACE # 101
NAPLES, FL 34120

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Linda Sanfilippo
29140 Brendisi Way 101
Naples, FL 34110

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/8/05 239-595-1098

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

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