## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0000001686

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FILED Sep 08, 2003 8:00 am Secretary of State 09-08-2003 90075 005 \*\*\*\*55.00

Principle Place of Quinters  MARIES R, 34120  NAPIES R, 34120  Sulfin Apr. 4, 1956.  City A. State  City City FL  Zip Code  A. The Number is Not Acceptable of Pointix. I an familiar with, and accept  A. The Number is not Acceptable of Pointix. I an familiar with and accept  The Number is Not Acceptable of Pointix. I an familiar with and accept  The Number is Not Acceptable of Pointix. I an familiar with and accept  The Number is Not Acceptable of Pointix. I an familiar with and accept  The Number is Not Acceptable of Pointix. I an familiar with and accept  The Number is Number in Number is Number is Number in Numb	PAHADISE	: INVESTMENTS, L.L.G.									
Suite. Apt. #, etc.   City & State   A. FEI Number   43-1895114     Applied For   Nat Applicable   Nat Nat Nat Applicable   Nat	8488 RADCLIFFE TERRACE		8488 RADCLIFFE TERRACE # 101			) ( <b>188</b> )(88))	 			11 <b>0 1</b> 1)14 1 <b>01</b> 4	3
City & State  Ci	2. Principal P	lace of Business ,	3. Mailing Address								
Scountry   Zip   Country   Sc. Certificate of Status Drosined   Sc. OB Additional from Registered Agent   T. Neme and Address of New Registered Agent   T. Nem	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Certificate of Status Desired No. 2. Certificate Office of Portsia. 1 certificate No. 2. Certificate Office of registered agent, or both, in the Statis of Florida. 1 certificate Desired No. 2. Certificate Office of registered agent, or both, in the Statis of Florida. 1 certificate Desired No. 2. Certificate Office Of	City & State		City & State			4. FEI Numbe	43-1895114		<del>, – –</del>		7
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SAMPLIPPO, LINDA  488 RADCLIFFE TERRACE  101  NAPLES R. 34120  City FL Zip Code  Cit		6. Name and Address of Current	Registered Agent			7. Name and	Address of New Rec	istered A	gent		1
Steel Address (P.C. Box Number is Not Acceptable)  101 NAPLES FI. 34120  6. 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 bidgestions of registered agent.  SIGNATURE    Propose to prove the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgestions of registered agent.    Propose to prove the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgestions of registered agent.    Propose to prove the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the			———— <del>,</del>	Name	<u></u>				:		7
APLES FL 34120  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the designations of registered agent.  SiGNATURE    Signature, typed or remain name or registered agent and twe it applicable. (NOTE Required Agent spectrum remains)   FILE NOW!!! FEE IS \$50.00-   Make Check Payable to Florida Department of State	8488	RADCLIFFE TERRACE		Street Add	dress (P.	O. Box Numbe	r is Not Acceptable)				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgestored agent.  SIGNATURE    City   FL   Zip Code									,		]
SIGNATURE   Supplement of princial received agent and asset in appolication. (NOTE: Registered Agent suprilizes recoived when recritativing)   DATE      Part   Date   Dat	44.	e		City	<del>-,</del> .	<del></del>	<del></del>	FL	Zip Cod	e	1
SIGNATURE   Signature hypertod or printed running of registered light it registered Agent signature re		ions of registered agent.	r the purpose of changing its	registered office or re	egistere	d agent, or bot	n, in the State of Florid	da. I am fa	ımiliar with,	and accept	1
Make Check Payable to Florida Department of State Due By September 24, 2003  9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME SANFILIPPO, LINDA K MGRM SIREET ADDRESS CITY-ST-2P TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY	SIGNATURE		and title if applicable. (NOTE	: Registered Agent signature	required w	when reinstating)		DATE			
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		ertify that the information supplied with	this filing does not qualify for		d in Sect	tion 119 07/3/6	) Florida Statutae I fi	orther cortil	fy that the in	oformation	1

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: