LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90086 007 ****50.00

DOCUMENT # M01000002694

1. Entity Name

PARADIES SHOPS, L.L.C.

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929644

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2. Principal Place of Business	3. Mailing Address
Gaylord Palms	P.O. Box 43485
Suite, Apt. #, etc.: 6000 Osceola Parkway	Suite, Apt. #, etc.:
City & State: Kissimmee, FL 34746	City & State: Atlanta, GA
Zip / Country	Zip: 30336 / Country: US

4. FEI Number: 58-2313624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President	TITLE	
NAME	Dick Dickson	NAME	
STREET ADDRESS	5950 Fulton Industrial Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30336	CITY-ST-ZIP	
TITLE	Sr. VP/COO	TITLE	
NAME	Gregg Paradies	NAME	
STREET ADDRESS	5950 Fulton Industrial Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30336	CITY-ST-ZIP	
TITLE	VP of Finance	TITLE	
NAME	Don Marek	NAME	
STREET ADDRESS	5950 Fulton Industrial Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30336	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Don Marek 404-344-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #