

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002022

FILED
May 23, 2007
Secretary of State

Entity Name: PARADISE INVESTMENTS, LLC

Current Principal Place of Business:

300 E. SHOTWELL STREET
BAINBRIDGE, GA 39819

New Principal Place of Business:

Current Mailing Address:

P O BOX 1929
BAINBRIDGE, GA 39818

New Mailing Address:

FEI Number: 20-0907971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GIBSON, THOMAS S
206 E. 4TH STREET
PORT ST JOE, FL 32456 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WADDELL, GREGORY J
Address: 2022 LAKE DOUGLAS ROAD
City-St-Zip: BAINBRIDGE, GA 39819

Title: MGRM () Delete
Name: MOODY, WILLIAM J
Address: 300 E. SHOTWELL STREET
City-St-Zip: BAINBRIDGE, GA 39819

Title: MGRM () Delete
Name: INLOW, WILLIAM H
Address: 300 E. SHOTWELL STREET
City-St-Zip: BAINBRIDGE, GA 39819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY J. WADDELL

MGRM

05/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date