

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003195

FILED  
Jan 23, 2007  
Secretary of State

**Entity Name:** PARADISE INTERNATIONAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

2915 BISCAYNE BLVD SUITE 304  
MIAMI, FL 33137

**New Principal Place of Business:**

112 NE 41ST STREET  
MIAMI, FL 33137

**Current Mailing Address:**

2915 BISCAYNE BLVD SUITE 304  
MIAMI, FL 33137

**New Mailing Address:**

112 NE 41ST STREET  
MIAMI, FL 33137

**FEI Number:** 20-2014066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: BEN-ZION, AMIR  
Address: 5700 COLLINS AVENUE, PENTHOUSE A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete  
Name: HARRIS, RONALD  
Address: 475 COLLINS AVENUE, APT 4107  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

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 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: AMIR BENZION

MGR

01/23/2007

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