

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123505

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: BEHPAR INVESTMENTS, LLC

**Current Principal Place of Business:**

840 SW 18TH ST.  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 SW 18TH ST.  
BOCA RATON, FL 33486 US

**New Mailing Address:**

26861 TRABUCO #E-68  
MISSION VIEJO, CA 92691 US

FEI Number: 20-4482721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: BEHAR DEVELOPMENT, LLC  
Address: 840 SW 18TH ST.  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM ( ) Delete  
Name: PARAGON ATLANTIC, LLC  
Address: 840 SW 18TH ST.  
City-St-Zip: BOCA RATON, FL 33486 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PARAGON ATLANTIC, LLC  
Address: 26861 TRABUCO #E-68  
City-St-Zip: MISSION VIEJO, CA 92691 US

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: ELIZABETH TATMAN

MGR

04/14/2009

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