2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000016218

1. Entity Name
PARADOX PROPERTIES OF NORTHWEST FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
224 NORTHCLIFF DR. GULF BREEZE, FL 32561	PO BOX 459 GULF BREEZE, FL 32562-0459

DO NOT WRITE IN THIS SPACE

02162004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3691986
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RENFROE, BEN J MD
224 NORTHCLIFF DR.
GULFBREEZE, FL 32561

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RENFROE, J. BENJAMIN
STREET ADDRESS	PO BOX 459
CITY-ST-ZIP	GULF BREEZE, FL 325620459
TITLE	MGRM
NAME	RENFROE, ROBIN P
STREET ADDRESS	PO BOX 459
CITY-ST-ZIP	GULF BREEZE, FL 325620459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/03/04-80035-015 50.00

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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: X _____ 2/18/4 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #