

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016218

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



Principal Place of Business

**224 NORTHCLIFF DR.
GULF BREEZE, FL 32561**

Mailing Address

**PO BOX 459
GULF BREEZE, FL 32562-0459**



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000187072
01/21/05-80083-017 50.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/17/05 8504846060