2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

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

Current Principal Place of Business:

224 NORTHCLIFF DR.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

PO BOX 459
GULF BREEZE, FL 325620459

New Mailing Address:

FEI Number: 59-3691986 **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:

RENFROE, BEN J MD
224 NORTHCLIFF DR.
GULFBREEZE, FL 32561 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: RENFROE, J. BENJAMIN
Address: PO BOX 459
City-St-Zip: GULF BREEZE, FL 325620459

Title: MGRM ( ) Delete
Name: RENFROE, ROBIN P
Address: PO BOX 459
City-St-Zip: GULF BREEZE, FL 325620459

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: J. BENJAMIN RENFROE MGRM 07/07/2006

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