

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000014703  
 1. Entity Name  
 HIALEAH GARDENS RE, L.L.C.



Principal Place of Business: 545 WAHOO RD. PANAMA CITY, FL 32408  
 Mailing Address: PO BOX 27790 PANAMA CITY, FL 32411



01132008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-1133481 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MACK, THEODORE E  
 803 N CALHOUN ST  
 TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARAGON INVESTMENTS, INC.
STREET ADDRESS	545 WAHOO RD.
CITY - ST - ZIP	PANAMA CITY, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/17/08-80072-0134138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.  
 KENNETH P. GUMMELS, PRESIDENT OF MANAGER  
 SIGNATURE: *Kenneth P. Gummels, Pres.* 1/15/2008 850-233-8800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #