

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


9/12/2003-90064-011-\$50.00-\$50.00

APPROVAL
AND
FILED

000718

DOCUMENT # L02000010248

1. Entity Name
NEW PARADIGM INVESTMENTS LLC



03 OCT 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

523 LONG PINE DR 523 LONG PINE DR
TALLAHASSEE FL 32305 TALLAHASSEE FL 32305



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

1533 S. Bronough 1533 S. Bronough
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite F Suite F

City & State City & State

Tallahassee, FL Tallahassee, FL

Zip Country Zip Country

32301 USA 32301 USA

4. FEI Number Applied For

37-1428741 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, MARVIN
523 LONG PINE DRIVE
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name: **MARVIN COLE**

Street Address (P.O. Box Number is Not Acceptable):
1533 S. Bronough

Unit F

City: **Tallahassee** FL Zip Code: **32301**

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: Marvin Cole Marvin Cole 09/10/03

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO / Director	MARVIN COLE	1533 S. Bronough Unit F	Tallahassee, FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marvin Cole 09/10/03 513-0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (4/03)