


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-03-2004 90151 025 ****50.00

DOCUMENT # L02000022205	
1. Entity Name PARAGON FARM, LLC	

Principal Place of Business 10475 NW 28TH PLACE OCALA FL 34482	Mailing Address 10475 NW 28TH PLACE OCALA FL 34482
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2. Principal Place of Business 6575 RUSSELL CAVE ROAD	3. Mailing Address 6575 RUSSELL CAVE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEXINGTON, KENTUCKY	City & State LEXINGTON, KENTUCKY
Zip 40511	Zip 40511
Country U.S.A.	Country U.S.A.



MOORE CR2E083 (11/03)

4. FEI Number 11-3650607	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, BRANDON 10475 NW 28TH PLACE OCALA FL 34482	7. Name and Address of New Registered Agent Name BRANDON PERRY Street Address (P.O. Box Number is Not Acceptable) 6575 RUSSELL CAVE ROAD 10475 NW 28TH PL Ocala FL 34482 City LEXINGTON FL Zip Code 40511
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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 Brandon Perry DATE 2/27/04
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, BRANDON 10475 NW 28TH PLACE OCALA FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, BRANDON 10475 NW 28TH PLACE OCALA FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Brandon Perry DATE 2/27/04 DAYTIME PHONE # 859-293-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE