

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90033 002 ****50.00

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DOCUMENT # L02000026117 1. Entity Name PARADIGM BILLING COMPANY, L.C.					
Principal Place of Business 520 S.W. 8TH AVENUE CRYSTAL RIVER, FL 34429			Mailing Address P.O. BOX 875 CRYSTAL RIVER, FL 34423-0875		
2. Principal Place of Business 2631-A NW 41st ST Suite, Apt. #, etc.		3. Mailing Address 2631-A NW 41st ST Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 45-0488384	
Zip 32606		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, TANA 520 S.E. 8TH AVENUE CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2631-A NW 41st ST City GAINESVILLE FL Zip Code 32606		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBBARD, TANA 520 SE 8TH AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2631-A NW 41st ST GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBBARD, JEREMIAH 520 SE 8TH AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2631-A NW 41st ST GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STALCUP, VICTORIA 520 SE 8TH AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2631-A NW 41st ST GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STALCUP, WILLIAM 520 SE 8TH AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2631-A NW 41st ST GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Tana W. Hubbard</i>				Date 4/26/06 Daytime Phone # 352-373-9140	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					