

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

DOCUMENT # L02000031933

1. Entity Name

PARADIGM INSURANCE AGENCY LLC



04-21-2003 90407 003 ****55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 WATERWAY LANE

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL 32963

City & State

4. FEI Number

01-0758663

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEAN A. CHASE

Street Address (P.O. Box Number is Not Acceptable)

12335 76th ROAD NORTH

City

WEST PALM BEACH

FL

Zip Code

33412

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

CORPORATE SECRETARY

4/15/03

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

P/D MICHAEL RAY

STREET ADDRESS
CITY - ST - ZIP

115 WATERWAY LANE
VERO BEACH, FL 32963

TITLE
NAME

V/P/D

MATT GASTON

STREET ADDRESS
CITY - ST - ZIP

409 INDIES DRIVE
VERO BEACH, FL 32963

TITLE
NAME

S/T/D

JEAN A. CHASE

STREET ADDRESS
CITY - ST - ZIP

12335 76th ROAD NORTH
WEST PALM BEACH, FL 33412

TITLE
NAME

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IN THIS SPACE**

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:

4/15/03 561.791.8085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)