

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036124

FILED
Feb 07, 2005
Secretary of State

Entity Name: PARADIGM UNIVERSITY, LLC

Current Principal Place of Business:

10205 S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34982

New Principal Place of Business:

2150 NW 100 AVE.
PEMBROKE PINES, FL 33024

Current Mailing Address:

PMB 233 10302 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

2150 NW 100 AVE
PEMBROKE PINES, FL 33024

FEI Number: 87-0709941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MICHAEL W
10205 S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

SMITH, MARK S
2150 NW 100 AVE
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: MARK SMITH

02/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SMITH, MICHAEL W
Address: 10205 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM (X) Delete
Name: SMITH, TINKA
Address: 10205 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, MARK S
Address: 2150 NW 100 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK SMITH

MGRM

02/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date