

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018152

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: PARAGON REALTY PARTNERS, LLC

**Current Principal Place of Business:**

8805 TAMIAMI TRL., N. # 122  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

8805 TAMIAMI TRL., N. # 122  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPA, HUGO CPA  
4031 GULF SHORE BLVD. N. # 82  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

PAPA, HUGO CPA  
257 CHARLESTON CT  
NAPLES, FL 34110 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: HUGO PAPA

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAPA, HUGO CPA  
Address: 4031 GULF SHORE BLVD. N. # 82  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: PAPA, OLIVIA  
Address: 4031 GULF SHORE BLVD. N. # 82  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAPA, HUGO CPA  
Address: 257 CHARLESTON CT  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change ( ) Addition  
Name: PAPA, OLIVIA  
Address: 257 CHARLESTON CT  
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HUGO PAPA

MGRM

04/25/2006

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