2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036442

1. Entity Name
PARADIGM DEMOLITION AND CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
102 OAKHILL AVE FT WALTON BEACH, FL 32547	P.O. BOX 3274 FT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

04102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
73-1704703

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, JAMES R
102 OAKHILL AVE
FT WALTON BEACH, FL 32547

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JIM WILDER AND ASSOCIATES, LLC
STREET ADDRESS	P.O. BOX 3274
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	
NAME	
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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: James R Wilder 4/12/06 850-642-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #