

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000046577

1. Entity Name
PARADIGM SOLUTIONS, LLC



Principal Place of Business
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441 US

Mailing Address
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441 US



01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3159433

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHER, GEORGE
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHER, GEORGE
STREET ADDRESS	1673 SW 1ST WAY #A1
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	COVITZ, ERIK
STREET ADDRESS	1673 SW 1ST WAY #A1
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	TONKS, ALAN
STREET ADDRESS	1673 SW 1ST WAY #A1
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80020-004 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

GEORGE SCHER

1/9/07 (954) 426-5754