


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 21 AM 11:48

DOCUMENT # L04000072030
1. Entity Name
PARADIGM VENTURES, LLC



Principal Place of Business
7502 PLANTATION BAY DRIVE
JACKSONVILLE, FL 32244

Mailing Address
7502 PLANTATION BAY DRIVE
JACKSONVILLE, FL 32244

DO NOT WRITE IN THIS SPACE



04172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0526748 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CRENSHAW, ADDISON
7502 PLANTATION BAY DRIVE
JACKSONVILLE, FL 32244

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

400078285654
08/02/06--01064--024 **\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRENSHAW, ADDISON 7502 PLANTATION BAY DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRAW, MEGAN 7502 PLANTATION BAY DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCUMBER, MARK 7502 PLANTATION BAY DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Addison Crenshaw* **5/11/06 904.571.8274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #