

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084337

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** PARAGON INVESTOR SOLUTIONS, LLC

**Current Principal Place of Business:**

1835 US HIGHWAY 1 S STE 119-339  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

1835 US HIGHWAY 1 S STE 119339  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

PO BOX 170  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

1835 US HIGHWAY 1 S STE 119339  
ST AUGUSTINE, FL 32084

**FEI Number:** 20-1822088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON ENTERPRISES AND HOLDINGS, INC.  
1835 US HIGHWAY 1 S STE 119-339  
ST AUGUSTINE, FL 32084 US

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

JOHNSON, JULIE P  
1835 US HIGHWAY 1 S STE 119339  
ST AUGUSTINE, FL 32084 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: JULIE JOHNSON

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: JOHNSON ENTERPRISES, AND HOLDINGS, I NC.  
Address: PO BOX 170  
City-St-Zip: ST AUGUSTINE, FL 32085

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, JULIE  
Address: 1835 US HIGHWAY 1 S STE 119339  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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: JULIE JOHNSON

P

04/22/2008

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