

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022820

FILED
Apr 24, 2009
Secretary of State

Entity Name: GAINESVILLE PLACE PARADIGM LLC

Current Principal Place of Business:

C/O PARADIGM, 220 N. MAIN STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

220 N. MAIN STREET
GAINESVILLE, FL 32601 US

Current Mailing Address:

P.O. BOX 13116
GAINESVILLE, FL 32604 US

New Mailing Address:

220 N. MAIN STREET
GAINESVILLE, FL 32601 US

FEI Number: 20-2451948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, NATHAN S
C/O PARADIGM, 220 N. MAIN STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

COLLIER, NATHAN S
220 N. MAIN STREET
GAINESVILLE, FL 32601 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLIER, NATHAN S
Address: C/O PARADIGM, 220 N. MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLIER, NATHAN S
Address: 220 N. MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601 US

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: NATHAN S. COLLIER

MGRM

04/24/2009

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