

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041002

FILED
May 01, 2007
Secretary of State

Entity Name: PARAGON PROPERTIES II, LLC

Current Principal Place of Business:

13025 WHISPER SOUND DR
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13025 WHISPER SOUND DR
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 20-4742060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KABARIA, VIPUL
13025 WHISPER SOUND DR
TAMPA, FL 33618 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIPALIA, TULSIBHAI L
Address: 13025 WHISPER SOUND DR
City-St-Zip: TAMPA, FL 33618 US

Title: MGR () Delete
Name: KABARIA, VIPUL
Address: 13025 WHISPER SOUND DR
City-St-Zip: TAMPA, FL 33618 US

Title: MGR () Delete
Name: KABARIA, HARSHA
Address: 13025 WHISPER SOUND DR
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIPUL V. KABARIA

MGR

05/01/2007

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