

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000046633			
1. Entity Name PARADYNE GROUP LLC			
Principal Place of Business 23 ALAFAYA WOODS BLVD. 161 OVIEDO, FL 32765 US		Mailing Address 23 ALAFAYA WOODS BLVD. 161 OVIEDO, FL 32765 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SINGH, FAUJA 23 ALAFAYA WOODS BLVD. 161 OVIEDO, FL 32765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 date if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, FAUJA MGRM 23 ALAFAYA WOODS BLVD. 161 OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Fauja Singh FAUJA SINGH</u>		Date: <u>4/30/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	