


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-06-2007 90230 012 ****50.00

DOCUMENT # L06000113699 1. Entity Name THE PARIS GROUP, LLC																													
Principal Place of Business 3825 SOUTH FLORIDA AVE., SUITE 5 LAKELAND, FL 33813			Mailing Address 3825 SOUTH FLORIDA AVE., SUITE 5 LAKELAND, FL 33813																										
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 74-319-9424																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent CHRITTON, CHARLES P C/O WENDEL & CHRITTON, CHARTERED 225 EAST LEMON STREET, SUITE 354 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name MARIA MAHONEY Street Address (P.O. Box Number is Not Acceptable) 3825 South Florida Ave. Suites City LAKELAND FL 33813																									
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 <i>Maria Mahoney</i> MARIA MAHONEY DATE 4/4/2007 <small>Signature, print name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MAHONEY, MARIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3825 SOUTH FLORIDA AVE., SUITE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	MAHONEY, MARIA		STREET ADDRESS	3825 SOUTH FLORIDA AVE., SUITE 5		CITY-ST-ZIP	LAKELAND, FL 33813		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: <i>Maria Mahoney</i>				Date: 4/4/2007																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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\$5.00 Additional Fee Required

4/4/2007

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