2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # L07000063387 1. Entity Name 04-02-2008 90154 003 ***138.75 PARADIGM CONSTRUCTION GROUP, LLC Principal Place of Business Mailing Address 1625 NW 7TH AVENUE CAPE CORAL FL 33993 1625 NW 7TH AVENUE CAPE CORAL FL 33993 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For Not Applicable Zip Country Zip Courity \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, BRADLEY N Street Address (P.O. Box Number is Not Acceptable) 1625 NW 7TH AVENUE CAPE CORAL FL 33993 City Zip Code FL 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 registèred agent. Signature, typed or printed name of registered agent and title if sociativate INOTE: Registered Agent's genture requests when remetating FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE DILE Delete ☐ Change Addition HAME HENRY, BRADLEY N NAME STREET ADDRESS 1625 NW 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33993 CITY-SE-ZiP TIFLE Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete DITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMA NAME STREET ADDRESS STREET ADDRESS CHY-81-7IP CITY-ST-&P DILLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE