

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 23, 2008
Secretary of State**

DOCUMENT# L07000104592

Entity Name: PARADIGM INNOVATION, LLC

Current Principal Place of Business:

6295 BAHIA DEL MAR CIRCLE
#106M
ST. PETERSBURG, FL 33715 US

New Principal Place of Business:

6295 BAHIA DEL MAR CIRCLE S.
#106M
ST. PETERSBURG, FL 33715 US

Current Mailing Address:

6295 BAHIA DEL MAR CIRCLE
#106M
ST. PETERSBURG, FL 33715 US

New Mailing Address:

6295 BAHIA DEL MAR CIRCLE S.
#106M
ST. PETERSBURG, FL 33715 US

FEI Number: 26-1284433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HOLLAND, MICHAEL R MGRM
6295 BAHIA DEL MAR CIRLE S.
106M
ST. PETERSBURG, FL 33715 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: MICHAEL HOLLAND 07/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLLAND, MICHAEL R
Address: 6295 BAHIA DEL MAR CIRCLE #106M
City-St-Zip: ST. PETERSBURG, FL 33715 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLLAND, MICHAEL R
Address: 6295 BAHIA DEL MAR CIRCLE S. #106M
City-St-Zip: ST. PETERSBURG, FL 33715 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: MICHAEL HOLLAND MGRM 07/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date