



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 20 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000002548</b>  PARAGON INVESTMENT ADVISORS, L.C. 8805 TAMIAMI TRAIL NORTH, SUITE 122 NAPLES FL 34108				1a. Principal Place of Business Address  8805 TAMIAMI TRAIL NORTH, SU NAPLES FL 34108	
2. Principal Place of Business 8805 Tamiami Tr. North Suite, Apt. #, etc. City & State Zip      Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		3. Date Organized or Qualified    3a. State of Formation 10/21/1998    FL 4. FEI Number 65-0874945 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  PINTER, MICHAEL R ESQ. 4328 CORPORATE SQUARE, SUITE C NAPLES FL 34104				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Initial Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CHATFIELD, OLIVIA B	717 CAPT'N KATE COURT		NAPLES FL	
MGRM	PAPA, HUGO	717 CAPT'N KATE COURT		NAPLES FL	
					

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Olivia B. Chatfield    3/1/99    941 598 5400  
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Digitized File #