


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90198 011 ****50.00

DOCUMENT # M05000004575	
1. Entity Name PARAGON MANAGEMENT GROUP LLC	

Principal Place of Business C/O PARAGON REALTY GROUP LLC 276 POST ROAD WEST, SUITE 201 WESTPORT, CT 06880	Mailing Address C/O PARAGON REALTY GROUP LLC 276 POST ROAD WEST, SUITE 201 WESTPORT, CT 06880
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2. Principal Place of Business - No P.O. Box # Paragon Management Group LLC Suite, Apt. #, etc. 276 Post Rd West, Suite 201 City & State Westport, CT Zip 06880	3. Mailing Address Paragon Management Group LLC Suite, Apt. #, etc. 276 Post Rd West, Suite 201 City & State Westport, CT Zip 06880
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01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1553369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NELSON, JOHN A 276 POST ROAD WEST, SUITE 201 WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Benjamin Sneed

Date

Daytime Phone #

1/30/07

(203) 227-7077