2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004016

Entity Name: PARADOX ENTERPRISES, LLC

FILED Feb 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3 HONEY HOLLOW ROAD 1106 OLD HARBOR DRIVE QUEENSBURY, NY 12804 CLIFTON PARK, NY 12065

Current Mailing Address: New Mailing Address:

3 HONEY HOLLOW ROAD 1106 OLD HARBOR DRIVE QUEENSBURY, NY 12804 CLIFTON PARK, NY 12065

FEI Number: 20-0186162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM () Delete WHALEN, BARBARA H Name: Address: 3 HONEY HOLLOW ROAD City-St-Zip: QUEENSBURY, NY 12804

Title: MGRM () Delete Name: WHALEN, TIMOTHY E Address: 3 HONEY HOLLOW ROAD City-St-Zip: QUEENSBURY, NY 12804

Title: (X) Change () Addition WHALEN, BARBARA H Name: Address: 1106 OLD HARBOR DRIVE City-St-Zip: CLIFTON PARK, NY 12065

(X) Change () Addition Title: MGRM Name: WHALEN, TIMOTHY E Address: 1106 OLD HARBOR DRIVE City-St-Zip: CLIFTON PARK, NY 12065

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: BARBARA H WHALEN **MGRM** 02/01/2009