RALPH MO		Ind Providence Plantations Fee:	\$50.00
Secretary of S	148 W. Providence, Rho	ions Division River Street de Island 02904-2615 (401) 222-3040	
	ty Compony		
Limited Liabili Annual Report			
	• tember 1 - November 1		
la			
	n R.I.G.L. 7-16-66(d), each limited liab rt within thirty (30) days after the time		
	ubject to a penalty fee of \$25.00.		
ANNUAL REPOR	T YEAR: <u>2008</u>		
1. ID No. 000	0157335		
2. Exact Name of the Limited Liability Company Paragon West LLC			
3. State of Form	nation		
5. State of Form			
State:			
	DEVELOPMENT_	s Which is Actually Conducted in Rhode Islan	
5. Principal Offic	ce Address		
No. and Streat	1040 HULL STREET, SUITE 20	0	
No. and Street: City or Town:	BALTIMORE	State: MD Zip: 21230 Country: US	SΔ
		Suic. <u>MD</u> 20. <u>21230</u> County. <u>O</u>	<u>571</u>
6. Mailing Addre	ess of Limited Liability Company ar	nd Name or Title of Contact Person:	
Contact Name:	JOSEPH F. SUMMERS Contact Title:	DIRECTOR OF TAX	
No. and Street:	<u>1040 HULL STREET, SUITE 20</u>	<u>0</u>	
City or Town:	BALTIMORE	State: <u>MD</u> Zip: <u>21230</u> Country: <u>US</u>	<u>SA</u>
7. Name and Ad DO NOT LIST		ted Liability Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Count	ry
<u>.</u>	÷		
	ENT IN RHODE ISLAND - DO NOT A uire Filing of Form 642 - R.I.G.L. 7-1		
CT CORPORA	TION SYSTEM 10 WEYBOSSET STR	EET PROVIDENCE , RI 02903-	
9. This report m	ust be executed by an authorized p	erson pursuant to R.I.G.L. 7-16-66 (b).	

Signed this 30 Day of October, 2008 at 12:29:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH F. SUMMERS Signature of Authorized Person

Form No. 632 Revised 09/07

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