## 2007 LIMITED LIABILITY COMPANY

**FILED** Jul 26, 2007 08:00 AM te

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DOCUMENT # L05000061573  1. Entity Name SECOND PARAMOUNT, L.L.C.				Secretary of State  02062007 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required	
Principal Place of Business Mailing Address 4399 COMMONS DRIVE EAST P.O. BOX 660571 SUITE 300 BIRMINGHAM, AL 35266 DESTIN, FL 32541					
DO NOT WRITE IN THIS SPA			CE		
	6. Name and Address of Curr	ent Registered Agent		4	
RUNNELS, DAVAGE J III 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541				DO NOT WRITE IN THIS SPACE	
8. The above the obliga	e named entity submits this statemer tions of registered agent.	t for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered as	sert and title if applicable (NOTE. Register	ed Agent signature required	when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007			000000770646 07/26/07-80006-018 50.00		
9.	MANAGING MEN	IBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLIN BISSO MANAGEMEI P.O. BOX 660571 BIRMINGHAM, AL 35266	NT COMPANY, LLC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S. )				
TITLE	307.	3.			

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: M. +201 M. FORA WHEES
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

3-30-07

205-Y22-39YZ