2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000061573



FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90353 031 ****50.00

| 1. Entity Name SECOND PARAMOUNT, L.L.C. | | | | | | | | | | |
|---|------------------------------|--|--|---------------------------------------|--|-------------------------|---------------------------|--------------|---------------------------|-----------------------------|
| Principal Place 4399 COMM SUITE 300 DESTIN, FL | ons drive i | | Mailing Address P.O. BOX 660571 BIRMINGHAM, AL 35266 | | | 20015144 | | | | |
| 2. Principal F | Place of Busin | ness | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03012006 | Chg-LLC | CR2E | 083 (11/05) | |
| City & State | | | City & State | | | 4. FEI Numb | 58-2617801 | | | oplied For ot Applicable |
| Zip | | | Zip Couni | | try | | e of Status Desired | | \$5.00 Add Fee Require | |
| 6. Name and Address of Current F | | | egistered Agent | | | 7. Name an | d Address of New R | egistered | Agent | |
| RUNNELS, DAVAGE J III 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Cod | |
| 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. (NOTS | E: Registered | Agent signature rec | gured when reinstating) | <u>_</u> | DATE | | |
| Fi D | | | | | | | ayable to ent of State | • | | |
| 9. | MANAGING MEMBERS/MANAGERS 10 | | | | · | | ADDITIONS/ | CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 1 | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | T ADDRESS ST-ZIP | | - " | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREE CITY- | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | CITY- | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| 11. I hereby of indicated | ertify that the | information supplied with is true and accurate and | this filing does not qualify for that my signature shall have t | the exen | notions contain | ed in Chapter 119, | Florida Statutes, I fur | ther certify | that the info | rmation |

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. M. Ford Waters

Co-Manager of Marlin Bisso Management Co, LLC

SIGNATURE: Co-Manager of Marlin Bisso Management Co, LLC

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

205-822-3982