


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000885 1. Entity Name PARAMOUNT POINT LIMITED PARTNERSHIP	
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Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 326 PALM BEACH, FL 33480	Mailing Address P.O. BOX 11 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03052007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1041087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL, ROBERT 50 COCONUT ROW, STE. 212 PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name Spiegel, Robert Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way Suite 326 City Palm Beach FL Zip Code 33480	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000052603	STREET ADDRESS	
NAME	CENTREPOINT HOLDINGS, INC.	CITY - ST - ZIP	
STREET ADDRESS	P.O. BOX 11		
CITY - ST - ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	200096164822
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: 561-832-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE