

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 014 ****50.00

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1. Entity Name
PARAMOUNT FINANCING, LLC

Principal Place of Business
550 FAIRWAY DR #107
DEERFIELD BEACH, FL 33441

Mailing Address
550 FAIRWAY DR #107
DEERFIELD BEACH, FL 33441



2. Principal Place of Business
6400 N. ANDREWS AVE.

3. Mailing Address
6400 N. ANDREWS AVE.

Suite, Apt. #, etc.
SUITE 280

Suite, Apt. #, etc.
SUITE 280

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1117689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GELET, PAMELA
550 FAIRWAY DR STE 107
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6400 N. ANDREWS AVE.
SUITE 280
City: FT. LAUDERDALE FL Zip Code: 33309

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SHEEHAN, KEVIN ☐ Delete
STREET ADDRESS 550 FAIRWAY DR #107
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE MGR
NAME CARRICO, WILLIAM G ☐ Delete
STREET ADDRESS 550 FAIRWAY R #107
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 N. ANDREWS AVE. - SUITE 280
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 N. ANDREWS AVE. - SUITE 280
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William G. Carrico

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

4/23/04 (954) 776-4606

Date

Daytime Phone

EXT. 105