## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010354

1. Entity Name

PARAMOUNT HOLDINGS, LLC

Principal Place of Business

5000 T-REX AVE

SUITE 150 BOCA RATON, FL 33431 Mailing Address

5000 T-REX AVE SUITE 150

BOCA RATON, FL 33431

## FILED May 03, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHMAN, FRED B 5000 T-REX AVE SUITE 150 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement	for the purpose of changing	its registered office of	registered agent, or both,	in the State of Florida.	I am familiar with, and	i accept
	the obligations of registered agent.			-			
		_					

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

SIGNATURE

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005 U0000036048<del>9</del> 05/05/05-80036-006 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTHMAN, FRED 5000 T-REX AVE, STE, 150 BOCA RATON, FL 33431	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		the exemption stated in Section 110 DY(e)(i) Florido Cardon Maria and father than the

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 it made under oath; that I am a managing member or manager of the limited liability companies or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

n, Moraging Member 4/5/05

Daytime Phone #