2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -2 AM 9:45

DOCUMENT # L01000020997

1. Entity Name
PARAMOUNT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431	5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

08242005 No Chg-LLC CR2E093 (10/03)

4. FEI Number
36-4484820
☐ Applied For
☐ 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., STE. 150
BOCA RATON, FL 33431

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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. (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MGR~~
NAME	~~ROTHMAN, FRED B~~
STREET ADDRESS	~~5000 T-REX AVE., STE. 150~~
CITY-ST-ZIP	~~BOCA RATON, FL 33431~~
TITLE	Managing Member
NAME	Peter Fioretti
STREET ADDRESS	11600 N. Community House
CITY-ST-ZIP	Charlotte, North Carolina 28277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Arthur Navid, Actg Rep 8/26/05 7045907400 X25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #