

APR-24-2007 09:33 FROM-PARAMOUNT GROUP

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Secretary of State

05-07-2007 90378 030 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000020997 1. Entity Name PARAMOUNT ENTERPRISES, LLC					
Principal Place of Business 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431			Mailing Address 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4484820	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROTHMAN, FRED B 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, name or printed name of registered agent, or the corporation (NOTE: Registered Agent signature required for all amendments) Date					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM FIORETTI, PETER 11800 N COMMUNITY HOUSE CHARLOTTE, NC 28277	☒ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> Peter Fioretti, Peter 13860 Collantyne Corporate Place, # 130 Charlotte, NC 28277	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER OR AUTHORIZED REPRESENTATIVE			Date 4/14/07 7045407400 DATE		

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