

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021230

FILED
Apr 28, 2008
Secretary of State

Entity Name: PARAMOUNT-CHERRY PROPERTIES, L.L.C.

Current Principal Place of Business:

1001 11TH AVE. W
BRADENTON, FL 34205

New Principal Place of Business:

225 21ST ST. W.
BRADENTON, FL 34205

Current Mailing Address:

PO BOX 3319
SARASOTA, FL 34230

New Mailing Address:

PO BOX 1845
BRADENTON, FL 34206

FEI Number: 01-0667685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, ANDREW
1001 11TH AVE.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

MARCUS, ANDREW
225 21ST STREET W
BRADENTON, FL 34205 US

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.

SIGNATURE:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARRILLO, KATHLEEN
Address: 1001 11TH AVE. W
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: MARCUS, ANDREW
Address: 1001 11TH AVE. W.
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARRILLO, KATHLEEN
Address: 225 21ST ST W.
City-St-Zip: BRADENTON, FL 34205

Title: MGR (X) Change () Addition
Name: MARCUS, ANDREW
Address: 225 21ST ST W
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN CARRILLO

MGR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date