2007 LIMITED LIABILITY COMPANY

May 11, 2007 8:00 am Secretary of State ANNUAL REPORT 05-11-2007 90194 015 ****50.00 **DOCUMENT # L02000010499** 1. Entity Name PARÁMOUNT BOYNTON, LLC Principal Place of Business Mailing Address 5000 T-REX AVE. 5000 T-REX AVE. **SUITE 150** SUITE 150 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 04-3673566 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTHMAN, FRED B Street Address (P.O. Box Number is Not Acceptable) 5000 T-REX AVE. SUITE 150 BOCA RATON, FL 33431 City Zip Code FL 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 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR **Z** Delete MANAGING MEMBER TITLE Change TITLE Addition ROTHMAN, FRED B PARAMOUT BOCA, LLC NAME 5000 T-REX AVELUE-SUITE 150 STREET ADDRESS 5000 T-REX AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 BOCA LATON, FL 33431 CITY-ST-ZIP TITLE MGR Delete TITLE Change ☐ Addition GRUNDT, BRUCE NAME NAME STREET ADDRESS 5000 T-REX AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP MGR TITLE Delete TITLE Change ☐ Addition SIEGEL, NED L NAME NAME STREET ADDRESS 5000 T-REX AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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 frue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

MEMBER OF MALAGING MEMBER; PARAMIUNT welly Boca, LLC, the mornging member of bramount bys for, LLC SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Defete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change

Addition

FILED