

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000017644**

1. Entity Name  
**PARAMA, LLC**



Principal Place of Business  
**2750 STICKNEY POINT ROAD  
SUITE 203  
SARASOTA, FL 34231**

Mailing Address  
**2750 STICKNEY POINT ROAD  
SUITE 203  
SARASOTA, FL 34231**



02082006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>82-0561415</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VELTHEIM, JOHN E  
2750 STICKNEY POINT ROAD  
SUITE 203  
SARASOTA, FL 34231**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	VELTHEIM, JOHN E
STREET ADDRESS	7102 S. LEEWYNN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	MGRM
NAME	VELTHEIM, ESTHER M
STREET ADDRESS	7102 S. LEEWYNN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000520686  
05/02/06-80104-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #