2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 13, 2006
Secretary of State

DOCUMENT# L03000018981

Entity Name: PARAMOUNT STUCCO, LLC

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5835 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 68-0555144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBELO, EDUARDO E
704 ZAMORA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ROBELO, ARNOLDO M	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	ROBELO, MICHAEL A	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	ROBELO, EDUARDO E	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	ROBELO, ARNOLDO R	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	ROBELO, AGNES M	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	(X) Delete
Name:	ARGUELLO, IVONNE R	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	ARGUELLO, IVONNE R	
Address:	5835 BLUE LAGOON DRIVE SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: AGNES M. ROBELO MGR 09/13/2006

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