

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035451

FILED
Jun 08, 2006
Secretary of State

Entity Name: PARAMOUNT CAPITAL LLC

Current Principal Place of Business:

2676 WALNUT DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2676 WALNUT DRIVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, ALAN F
1602 WEST SLIGH AVENUE, SUITE 300
TAMPA, FL 336045806 US

Name and Address of New Registered Agent:

GONZALEZ, ALAN F
4600 W. KENNEDY BLVD
SUITE 100
TAMPA, FL 33609 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: ALAN F. GONZALEZ

06/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, JAMES M
Address: 2676 WALNUT DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: DORSETT, STEPHEN M
Address: 4035 TAMPA ROAD, SUITE 6000
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DORSETT, STEPHEN M
Address: 19325 AQUA SPRINGS DRIVE
City-St-Zip: LUTZ, FL 33558

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: STEPHEN DORSETT

MGRM

06/08/2006

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