## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 20, 2005 8:00 am Secretary of State 05-02-2005 90108 041 \*\*\*\*50.00

DOCU 11. Entity Nam PARAMO 1					03-02-20	000 001 00	, 11	30.00					
Principal Plac 5000 T-REX WEST PALM	AVE, STE 1	50		Mailing Address 5000 T-REX AVE, STE 150 WEST PALM BEACH, FL 33431			30009557						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.			Sulte, Apt. #, etc.	Suite, Apt. #, etc.			02042005	Chg-LLC	CR2E083	(10/03)			
City & State			City & State	City & State			4. FEI Numb	<sup>ber</sup> 47-09.	38 709	<del></del>	oplied For at Applicable		
Zip		Country	Zip	Zip Count		5. Certific		e of Status Desired		.00 Add			
	6. Name	and Address of Curre	nt Registered Agent				7. Name and Address of New Registered Agent Name						
KOEPPEL, JOEL P ESQ 222 LAKEVIEW AVE, STE 260 WEST PALM BEACH, FL 33401							Street Address (P.O. Box Number is Not Acceptable)						
					City				EI [	Zip Cod	<u> </u>		
8. The above	named entit	ly submits this statement	t for the purpose of changing its	register		r register	ed agent, or b	oth, in the State of F	FL forida, tam tam	•			
the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title If applicable. (NOTE: Registered Agent alignature required when rethistating)  DATE													
FI D:	iling Fee	is \$50.00 y 1, 2005		1 con a suppression (Troub E resignation of State of Stat					ke check paya la Department		D		
9,		MANAGING MEM	BERS/MANAGERS	10.			·	ADDITIONS	/CHANGES				
TITLE NAME			Delete	HAM		MGR	MOUNT	BOCA, LLC	_	Change	<b>EX</b> Addition		
STREET ADDRESS CITY-57-ZIP					ET ADDRESS -ST-ZIP	5000	T-REY A	NEMUE-SUI FL 3343	TE 150	-			
TITLE NAME			☐ Delete	TITLE						Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS ST-ZIP								
TITLE NAME		· <u></u>	☐ Delete	TITLE						Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS ST-ZIP								
TITLE NAME			Delete	TITLE						Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS ST-ZIP					,			
TITLE NAME			☐ Deleta	TITLE						Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STREE	T ADORESS ST-ZDP								
TITLE NAME			☐ Deleta	TITLE						Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STREE CITY-	T ADORESS ST-ZDP								
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corripant or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  FALO B. Rothman, Managing, Manada													
SIGNATURE: SIGNATURE ON PRINTED HANDE OF EXHAND MANAGING MEMBERS OF AUTHORIZED REPRESENTATIVE COM DAYS PROVE &													