

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000018121

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** DSL PARAMOUNT MANAGEMENT , LLC

**Current Principal Place of Business:**

3501 SHORELINE DRIVE  
436  
AUSTIN, TX 78728 US

**New Principal Place of Business:**

924 SW 55 TERRACE  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

3501 SHORELINE DRIVE  
436  
AUSTIN, TX 78728 US

**New Mailing Address:**

924 SW 55 TERRACE  
GAINESVILLE, FL 32607 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUDWIG, DAVID S  
3501 SHORELINE DRIVE  
436  
AUSTIN, FL 34474 US

**Name and Address of New Registered Agent:**

LUDWIG, DAVID S  
924 SW 55 TERRACE  
GAINESVILLE, FL 32607 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: DAVID LUDWIG

10/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUDWIG, DAVID S  
Address: 3501 SHORELINE DRIVE  
City-St-Zip: AUSTIN, TX 78728 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUDWIG, DAVID S  
Address: 924 SW 55 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LUDWIG

MGR

10/16/2007

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