2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 19, 2007
Secretary of State

DOCUMENT# L04000066397

Entity Name: PARAMOUNT LENDING GROUP, LLC

Current Principal Place of Business:

13798 NW 4TH STREET
SUITE 315
SUNRISE, FL 33325

New Principal Place of Business:

1063 SUNFLOWER CIRCLE
WESTON, FL 33327

Current Mailing Address:

13798 NW 4TH STREET
SUITE 315
SUNRISE, FL 33325

New Mailing Address:

1063 SUNFLOWER CIRCLE
WESTON, FL 33327

FEI Number: 20-1609788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAN, JOHN
13798 NW 4TH STREET
SUITE 315
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

ANDERSON, NEREA Z
1063 SUNFLOWER CIRCLE
WESTON, FL 33327 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: NEREA ANDERSON 11/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARAMOUNT LENDING GR, OUP II, INC.
Address: 13798 NW 4TH STREET
City-St-Zip: SUNRISE, FL 33325

Title: MGR (X) Delete
Name: ANDERSON, NEREA Z
Address: 1063 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANDERSON, NEREA Z
Address: 1063 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

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

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: NEREA Z. ANDERSON MGRM 11/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date