2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064021

1. Entity Name

PARAMOUNT/PARTNERS INSURANCE SERVICES, LLC



FILED
Feb 01, 2007 08:00 AM
Secretary of State

Principal	Place of	Business
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SIGNATURE:

Mailing Address

3817 W. HUMPHREY ST. SUITE 205 TAMPA, FL 33614 3817 W. HUMPHREY ST. SUITE 205 TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC CR2E083 (11/05)

FEI Number		Applied For	
20-3098843		Not Applicable	
5. Certificate of Status Desirad		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

'HOUSEFIELD, DAVID B 1502 W. FLETCHER AVENUE, STE. 101 TAMPA, FL 33612

DO	NOT	WRITE
IN '	THIS	SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or both, in the State of	Florida I am familiar with, and accept
SIGNATURE_	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE		
Fi D	ling Fee is \$50.00 ue by May 1, 2007	U09 02/07/	000616812 07-80045-001 50.00
9,	MANAGING MEMBERS/MANAGERS		
Title IAME Street Address City-St-Zip	MGR HOUSEFIELD, DAVID B 1502 W. FLETCHER AVENUE, STE. 101 TAMPA, FL 33612	- · · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not for this report is true and accurate and that my signature sability company or the receiver or trustee impowered to exce	qualify for the exemptions contained in Chapter 119, Florida Statut shall have the same legal effect as if made under oath; that I am a ecute this report as required by Chapter 608, Florida Statutes.	es. I further certify that the information managing member or manager of the