

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064021

FILED
Aug 12, 2008
Secretary of State

Entity Name: PARAMOUNT/PARTNERS INSURANCE SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1502 W. FLETCHER AVE.
113
TAMPA, FL 33612

Current Mailing Address:

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

New Mailing Address:

1502 W. FLETCHER AVE.
113
TAMPA, FL 33612

FEI Number: 20-3098843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOUSEFIELD, DAVID B
1502 W. FLETCHER AVENUE
109
TAMPA, FL 33612 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 B. HOUSEFIELD

08/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOUSEFIELD, DAVID B
Address: 1502 W. FLETCHER AVENUE, STE. 101
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOUSEFIELD, DAVID B
Address: 1502 W. FLETCHER AVENUE, STE. 109
City-St-Zip: TAMPA, FL 33612

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 B. HOUSEFIELD

MGR

08/12/2008

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