

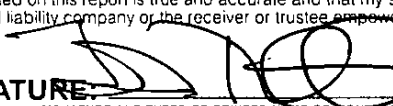


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90035 037 ****50.00

DOCUMENT # L05000093946					
1. Entity Name PARAMOUNT DAVIE, LLC					
Principal Place of Business 5000 T-REX AVE., SUITE 150 BOCA RATON, FL 33431			Mailing Address 5000 T-REX AVE., SUITE 150 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04072006 Chg-LLC CR2E083 (11/05) 65-1260964	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHMAN, FRED 5000 T-REX AVE., SUITE 150 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  <i>Managing Member, Paramount Boca, LLC</i> <i>Managing Member of Paramount Davie, LLC 4/27/06 661/998-9200</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

ATTACHMENT
20047838

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL 7006 0100 0002 3717 5924

April 27, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Annual Report 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
Paramount Residential, LLC	L01000010357	\$ 50.00
Paramount Holdings, LLC	L01000010354	\$ 50.00
Paramount Ibis, LLC	L04000013376	\$ 50.00
Paramount Boynton, LLC	L02000010499	\$ 50.00
Paramount Boynton, II LLC	L03000003864	\$ 50.00
Paramount Building Corp.	P98000031727	\$ 150.00
Paramount Boca, LLC	L01000010335	\$ 50.00
Paramount Davie, LLC	L05000093946	\$ 50.00
Paramount Hagen, LLC	L05000056038	\$ 50.00
Paramount Federal, LLC	L05000043480	\$ 50.00
Paramount Commons, LLC	L05000041961	\$ 50.00
Paramount Lacuna, LLC	L05000084561	\$ 50.00
Paramount PBC Development, LLC	L05000031696	\$ 50.00

Very truly yours,

Roseann Coraci

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