

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90045 031 ****50.00

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04232007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000037373	
1. Entity Name PARAMOUNT MASONRY, LLC	

Principal Place of Business 18216 OVERLAND AVE. FOUNTAIN, FL 32438 US	Mailing Address P.O. BOX 564 FOUNTAIN, FL 32438 US
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2. Principal Place of Business - No P.O. Box # 19216 Overland Ave.	3. Mailing Address P.O. Box 564
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fountain, FL	City & State Fountain, FL
Zip 32438	Zip 32438
Country US	Country US

6. Name and Address of Current Registered Agent WATERS, DALLAS W 18216 OVERLAND AVE. FOUNTAIN, FL 32438	7. Name and Address of New Registered Agent Name: Waters, Dallas W Street Address (P.O. Box Number is Not Acceptable): 18216 Overland Ave. City: Fountain FL Zip Code: 32438
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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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATERS, DALLAS W P.O. BOX 564 FOUNTAIN, FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: [Signature] **4-23-07 (850) 527-9644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #