2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L06000060445

Entity Name: LA SALON @ THE PARAMOUNT LLC

Current Principal Place of Business:

1362 E RD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

1362 E RD
LOXAHATCHEE, FL 334700660 US

Current Mailing Address:

1362 E RD
LOXAHATCHEE, FL 33470 US

New Mailing Address:

1362 E RD
LOXAHATCHEE, FL 334700660 US

FEI Number: 20-5043152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELSON, MARSHA L
1362 E RD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

KELSON, MARSHA L
1362 E RD
LOXAHATCHEE, FL 334700660 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: 04/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KELSON, MARSHA L
Address: 1362 E RD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR ( ) Delete
Name: KELSON, ERNEST W
Address: 1362 E RD
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KELSON, MARSHA L
Address: 1362 E RD
City-St-Zip: LOXAHATCHEE, FL 334700660 US

Title: MGR (X) Change ( ) Addition
Name: KELSON, ERNEST W
Address: 1362 E RD
City-St-Zip: LOXAHATCHEE, FL 334700660 US

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: MARSHA KELSON P 04/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date