

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014707

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: PARAMOUNT EQUIPMENT LLC

**Current Principal Place of Business:**

3820 N WASHINGTON BLVD  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 2682  
SARASOTA, FL 34230

**New Mailing Address:**

P.O BOX 25192  
SARASOTA, FL 34277

FEI Number: 11-3804075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMB, PAUL W  
7156 42ND CT EAST  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

LAMB, MATTHEW D  
105 BEACH ROAD REAR  
SARASOTA, FL 34242 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: MATTHEW D LAMB

01/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAMB, PAUL W  
Address: 7156 42ND CT EAST  
City-St-Zip: SARASOTA, FL 34243

Title: MGR ( ) Delete  
Name: BURKE, JESSICA N  
Address: 7156 42ND CT EAST  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: LAMB, MATTHEW D  
Address: 105 BEACH ROAD REAR  
City-St-Zip: SARASOTA, FL 34242

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: MATTHEW D LAMB

MGRM

01/22/2008

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