

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90104 045 ****50.00

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DOCUMENT # L99000005716 1. Entity Name PARAMOUNT BUILDING GROUP L.L.C.					
Principal Place of Business 100 WEST CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309			Mailing Address 100 WEST CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309		
2. Principal Place of Business 2419 E. Commercial Blvd		3. Mailing Address Suite, Apt. #, etc. City & State Fort Lauderdale, FL Zip 33308			
Suite, Apt. #, etc. City & State Fort Lauderdale, FL Zip 33308		Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0947365 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 WEST CYPRESS CREEK ROAD STE 700 FT LAUDERDALE, FL 33309			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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENSPOON, GERALD 100 WEST CYPRESS CREEK RD, STE 700 FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lambert Daniel 2419 E. Commercial Blvd #100 Ft. Lauderdale, FL 33308	<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	MGR Verrillo James 2419 E. Commercial Blvd #100 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X			Date: 4/17/05 Daytime Phone #: 691-630-9449		