2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001716

1. Entity Name
PARAMOUNT MORTGAGE AND CAPITAL, LLC

Principal Place of Business	Mailing Address
822 MONTGOMERY AVE., #207 NARBERTH, PA 19072	822 MONTGOMERY AVE., #207 NARBERTH, PA 19072

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
33-1088823
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	COOK, C. ANDREW
STREET ADDRESS	ONE BELMONT AVE., SUTIE 105
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	KROLL, ALEXANDER S
STREET ADDRESS	ONE BELMONT AVE., SUTIE 105
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	SCHULTZ, ROBERT
STREET ADDRESS	ONE BELMONT AVE., SUTIE 105
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	LERMAN, STEVEN
STREET ADDRESS	822 MONTGOMERY AVE., #207
CITY-ST-ZIP	NARBERTH, PA 19072
TITLE	MGR
NAME	PAUL, RYAN
STREET ADDRESS	822 MONTGOMERY AVE., #207
CITY-ST-ZIP	NARBERTH, PA 19072
TITLE	MGR
NAME	BELL, BRUCE
STREET ADDRESS	822 MONTGOMERY AVE., #207
CITY-ST-ZIP	NARBERTH, PA 19072

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02/24/06-80030-013 50.00

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