

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003656

1. Entity Name
PARAMOUNT CAPITAL SERVICING LLC



Principal Place of Business
**822 MONTGOMERY AVE., #205
NARBERTH, PA 19072**

Mailing Address
**822 MONTGOMERY AVE., #205
NARBERTH, PA 19072**



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1398439

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**

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	PAUL, RYAN
STREET ADDRESS	1720 BALSAM LANE
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	MGRM
NAME	LERMAN, STEVEN
STREET ADDRESS	1408 LANES END
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	MGRM
NAME	BELL, BRUCE
STREET ADDRESS	811 BLACK ANGUS LANE
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #