

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051967

**FILED**  
**Feb 27, 2007**  
**Secretary of State**

**Entity Name:** LANGSTADT PAULY CHARTERED

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-2896513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGSTADT, OLIVER J  
815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANGSTADT, OLIVER J  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: PAULY, CLEMENS W  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLEMENS W. PAULY

MGRM

02/27/2007

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