


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000051967
 1. Entity Name
 LANGSTADT PAULY CHARTERED



Principal Place of Business Mailing Address
 815 PONCE DE LEON BLVD., SUITE P-201 815 PONCE DE LEON BLVD., SUITE P-201
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



02062008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2896513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LANGSTADT, OLIVER J
 815 PONCE DE LEON BLVD., SUITE P-201
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGSTADT, OLIVER J 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULY, CLEMENS W 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134
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 02/20/08-80003-023 138.75

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 *Oliver J. Langstadt* MANAGER OLIVER J. LANGSTADT 2/6/2008 3909 365 648
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #