## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # L0000001916  1. Entity Name PAUL HARTT, LLC							03-12-200	<i>77</i>	15	30.00
Principal Place of Business 4385 LAURA ST PORT CHARLOTTE, FL 33980  Mailing Address 4385 LAURA ST PORT CHARLOTTE, FL 33980				33980			23160		A184 1484 B144	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182007	Chg-LLC	CR2E083	(12/06)	
City & State			City & State		4. FEI Number 65-099			<del></del>	plied For t Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		.00 Add Required	
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Age	nt	
UADTT D	A 1 (1				Name					
HARTT, PAUL 4385 LAURA ST PORT CHARLOTTE, FL 33980					Street Address (P.O. Box Number is Not Acceptable)					
No.					City			FL	Zip Code	<del>,</del>
	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am fami	iliar with,	and accept
SIGNATURE	Signature, lyped	or printed name of registered agent a	nd lite it applicable. (NOTE	E: Registere	d Agent signature requir	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State			
Di Di	ue by May	s \$50.00 / 1, 2007								1
Di Di	ue by May	MANAGING MEMBER	RS/MANAGERS	10.				Department		
Di	MGR	MANAGING MEMBER	RS/MANAGERS	10.	:		Florida	Department CHANGES		Addition
9. :	MGR HARTT, P	MANAGING MEMBER		TITLI NAM STRE			Florida	Department CHANGES	of State	
PI ::  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR HARTT, P	MANAGING MEMBER AUL RA ST		TITLE NAM STRE CITY TITLE	E ET ADDRESS -S1-ZIP E		Florida	CHANGES	of State	
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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: HOTTLE PE & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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