


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L00000014197</b><br>1. Entity Name<br><b>PAAS ENTERPRISES, LLC</b> |  |
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|---|---|
| <b>Principal Place of Business</b><br>C/O CHARLES H. PAAS<br>745 PARK VIEW LANE<br>NAPLES, FL 34103 | <b>Mailing Address</b><br>C/O CHARLES H. PAAS<br>745 PARK VIEW LANE<br>NAPLES, FL 34103 |
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01052006No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br><b>59-3684768</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>CLASP INC<br>C/O CUMMINGS & LOCKWOOD<br>3001 TAMiami TRAIL N 4TH FLOOR<br>NAPLES, FL 34103 |
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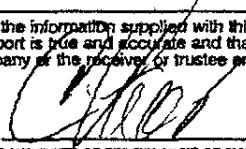
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |  |
| SIGNATURE   | Signature, typed or printed name of registered agent and this 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PAAS, CHARLES H<br>745 PARK VIEW LANE<br>NAPLES, FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <p>U000000388490<br/>01/20/06-80006-025 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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. |   |                 |
| <b>SIGNATURE:</b>  |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   |   | DATE            |
|  |   | Daytime Phone # |