


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


05 APR -4 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000177 1. Entity Name PAUZEL, L.L.C.	
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Principal Place of Business 1605 NORTHWEST 22ND STREET GAINESVILLE, FL 32605	Mailing Address 6131 HEARTLAND CIRCLE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0008575	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

SHERRON, ELAINE S
6131 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMYSOR, CHARLOTTE 1605 NORTHWEST 22ND STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHERRON, ELAINE S 6131 HEARTLAND CIRCLE TALLAHASSEE, FL 323127504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHNELL, PATRICIA S 1931 N.W. 32ND TERRACE GAINESVILLE, FL 32605
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elaine S. Sherron April 4, 2005 893-6051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #