



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90030 038 \*\*\*\*50.00

<b>DOCUMENT # L02000013633</b> 1. Entity Name <b>PAULI SYSTEMS, LC</b>					
Principal Place of Business <b>3645 RECREATION LN NAPLES FL 34116</b>			Mailing Address <b>5801 PELICAN BAY BLVD., SUITE 300 C/O PORTER, WRIGHT, MORRIS &amp; ARTHUR NAPLES FL 34108</b>		
2. Principal Place of Business - No P.O. Box # <b>3960 RADIO ROAN</b>		3. Mailing Address Suite, Apt. #, etc. <b>#103</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>			
Zip <b>34104</b>	Country <b>U.S.A.</b>	Zip <b>34104</b>	Country <b>U.S.A.</b>	4. FEI Number <b>03-0457214</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WILSON, GARY 5801 PELICAN BAY BLVD., SUITE 300 C/O PORTER, WRIGHT, MORRIS &amp; ARTHUR NAPLES FL 34108</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	MGRM PAULI-HAACK, BIRGIT 3645 RECREATION LN NAPLES FL 34116		TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date: <b>4/27/2007 239354 1327</b>		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #