

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

04-05-2004 90502 004 ****50.00

DOCUMENT # L02000022088
 1. Entity Name
WILLIAM PAUL LLC



Principal Place of Business: **208 KANSAS AVE. FT. LAUDERDALE FL 33312**
 Mailing Address: **208 KANSAS AVE. FT. LAUDERDALE FL 33312**

34005097

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country



MOORE CR2E083 (11/03)

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PAUL, WILLIAM
 208 KANSAS AVE.
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** 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: William Paul DATE: 03-30-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM	NAME: WILLIAM, PAUL	TITLE:	NAME:
STREET ADDRESS: 208 KANSAS AVE	CITY-ST-ZIP: FORT LAUDERDALE FL 33312	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: owner	NAME: William Paul	TITLE:	NAME:
STREET ADDRESS: 208 Kansas Ave	CITY-ST-ZIP: Fort Lauderdale FL 33312	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: owner	NAME: William Paul	TITLE:	NAME:
STREET ADDRESS: 208 Kansas Ave	CITY-ST-ZIP: Fort Lauderdale FL 33312	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: owner	NAME: William Paul	TITLE:	NAME:
STREET ADDRESS: 208 Kansas Ave	CITY-ST-ZIP: Fort Lauderdale FL 33312	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: owner	NAME: William Paul	TITLE:	NAME:
STREET ADDRESS: 208 Kansas Ave	CITY-ST-ZIP: Fort Lauderdale FL 33312	STREET ADDRESS:	CITY-ST-ZIP:

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: William Paul DATE: 04-26-04