


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90292 003 \*\*\*\*50.00

<b>DOCUMENT # L02000022088</b>			
1. Entity Name <b>WILLIAM PAUL LLC</b>			
Principal Place of Business 208 KANSAS AVE. FT. LAUDERDALE FL 33312		Mailing Address 208 KANSAS AVE. FT. LAUDERDALE FL 33312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
1st MOORE		CR2E083 (10/04)	
4. FEI Number <b>NO-T APPLICABLE</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAUL WILLIAM 208 KANSAS AVE. FT. LAUDERDALE FL 33312		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 <i>William Paul</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
		<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2005	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, PAUL	NAME	
STREET ADDRESS	208 KANSAS AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE	<i>William Paul</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William Paul</i>	NAME	
STREET ADDRESS	<i>208 Kansas Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33312</i>	CITY-ST-ZIP	
TITLE	<i>William Paul</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William Paul</i>	NAME	
STREET ADDRESS	<i>208 Kansas Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33312</i>	CITY-ST-ZIP	
TITLE	<i>William Paul</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William Paul</i>	NAME	
STREET ADDRESS	<i>208 Kansas Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33312</i>	CITY-ST-ZIP	
TITLE	<i>William Paul</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William Paul</i>	NAME	
STREET ADDRESS	<i>208 Kansas Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33312</i>	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 <i>William Paul</i>		Date <i>4-9-05</i> Daytime Phone #	
Signature and typed or printed name of signing managing member, manager, or authorized representative			