


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90044 034 ****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**



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

2nd MOORE CR2E083 (4/06)

6. Name and Address of Current Registered Agent

**PAUL, WILLIAM
 208 KANSAS AVE.
 FT. LAUDERDALE FL 33312**

4. FEI Number **NO-T APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAM, PAUL	
STREET ADDRESS	208 KANSAS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	William Paul	
STREET ADDRESS	208 KANSAS AVE Ft Laud FL 33312	
CITY-ST-ZIP	33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	William Paul	
STREET ADDRESS	208 KANSAS AVE Ft Laud FL 33312	
CITY-ST-ZIP	33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	William Paul	
STREET ADDRESS	208 KANSAS AVE Ft Laud FL 33312	
CITY-ST-ZIP	33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	William Paul	
STREET ADDRESS	208 KANSAS AVE Ft Laud FL 33312	
CITY-ST-ZIP	33312	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: William Paul **8-25-06**

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