

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024365

**Entity Name:** PAUL J. MISKE, PH. D, LLC

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

923 DEL PRADO BLVD.  
STE # 205  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2045 SE 28TH ST  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 30-0115670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MISKE, PAUL J  
2045 S.E. 28TH ST.  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MISKE, PAUL  
Address: 2045 S.E. 28TH ST.  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MISKE, PAUL J  
Address: 2045 S.E. 28TH ST.  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL J MISKE PHD LLC

MGR

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date