


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90023 016 \*\*\*\*55.00

<b>DOCUMENT # L03000010494</b>	
1. Entity Name <b>PAUL WESTENDORF REALTY, LLC</b>	

Principal Place of Business <b>456 12TH STREET WEST BRADENTON FL 34205</b>	Mailing Address <b>456 12TH STREET WEST BRADENTON FL 34205</b>
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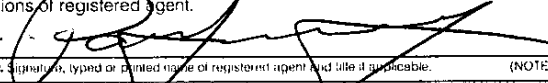
2. Principal Place of Business <b>2202 71ST W</b>	3. Mailing Address <b>30 E CENTRAL PKWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>703</b>

City & State <b>BRADENTON FL</b>	City & State <b>CINCINNATI OH</b>
Zip <b>34209</b>	Country <b>MANATEE</b>
Country <b>MANATEE</b>	Zip <b>45202</b>
	Country <b>HAMILTON</b>

1st MOORE		CR2E083 (10/05)
4. FEI Number <b>29-5340020</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WESTENDORF, PAUL F 4442 - 5TH STREET WEST BRADENTON FL 34207</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
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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.

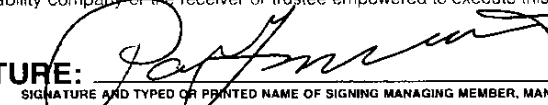
SIGNATURE:  DATE: **4/5/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WESTENDORF, PAUL 456 12TH STREET WEST BRADENTON FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WESTENDORF, PAUL 2202 71ST W BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4/5/06** 941-685-6108

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