2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032815

Entity Name: PAOLI AND ASSOCIATES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1240 S. NORCOOSSEE RD ST. CLOUD, FL 34771	1240 S. NARCOOSSEE RD ST. CLOUD, FL 34771

Current Mailing Address:	**New Mailing Address:**
1240 S. NORCOOSSEE RD ST. CLOUD, FL 34771	1240 S. NARCOOSSEE RD ST. CLOUD, FL 34771

FEI Number: 11-3704813   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PAOLI, CHRISTOPHER J 1240 S. NORCOOSSEE RD ST. CLOUD, FL 34771 US	PAOLI, CHRISTOPHER J 1240 S. NARCOOSSEE RD ST. CLOUD, FL 34771 US

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: CHRISTOPHER J. PAOLI   08/10/2005
_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	FOWLER-PAOLI, JULIE		Name:	FOWLER-PAOLI, JULIE
Address:	1240 S. NORCOOSSEE RD		Address:	1240 S. NARCOOSSEE RD
City-St-Zip:	ST. CLOUD, FL 34771		City-St-Zip:	ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIE R. FOWLER-PAOLI   MRS   08/10/2005
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date