

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001776

Entity Name: PAUL EASON, LLC

FILED  
Mar 14, 2006  
Secretary of State

**Current Principal Place of Business:**

2237 HUNTER STREET  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2237 HUNTER STREET  
FORT MYERS, FL 33901 US

**New Mailing Address:**

FEI Number: 20-0564183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHOUINARD, JAMES A CPA  
9541 CYPRESS LAKE DRIVE SUITE 5  
FORT MYERS, FL 33901 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: MGRM ( ) Delete  
Name: EASON, PAUL  
Address: 2237 HUNTER STREET  
City-St-Zip: FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EASON, PAUL G MGRM  
Address: 2237 HUNTER STREET  
City-St-Zip: FORT MYERS, FL 33901 US

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 EASON

MGRM

03/14/2006

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