2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013706

1. Entity Name
PAUL J. ROBERTO ACCOUNTING PLUS L L C

Principal Place of Business	Mailing Address
713 N EGLIN PARKWAY FT. WALTON BEACH, FL 32547	PO BOX 2923 FT. WALTON BEACH, FL 32549

DO NOT WRITE IN THIS SPACE

07172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3782176
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTO, PAUL J
713 N. EGLIN PARKWAY
FT. WALTON BEACH, FL 32547

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6. 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: Paul J Roberto 7/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $60.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROBERTO, PAUL J
STREET ADDRESS	713 N. EGLIN PARKWAY
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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07/25/06-80017-020 50.00

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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: Paul J Roberto 7/18/06 850 862-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #