


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # L05000051967 |  |
| 1. Entity Name LANGSTADT PAULY CHARTERED | |

| | |
|---|---|
| Principal Place of Business 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134 | Mailing Address 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134 |
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DO NOT WRITE IN THIS SPACE



02062008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2896513 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J
 815 PONCE DE LEON BLVD., SUITE P-201
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LANGSTADT, OLIVER J 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAULY, CLEMENS W 815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134 |
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 02/20/08-80003-023 138.75

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 Oliver J. Langstadt MANAGER OLIVER J. LANGSTADT 2/6/2008 3909 365 648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #