


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000053480**

1. Entity Name  
 LINPAUL PROPERTIES, LLC



Principal Place of Business  
 3050 MICHIGAN AVE.  
 KISSIMMEE, FL 34744-1544

Mailing Address  
 3050 MICHIGAN AVE.  
 KISSIMMEE, FL 34744-1544



01042007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2970042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OXLEY, PAUL  
 3050 MICHIGAN AVE.  
 KISSIMMEE, FL 34744-1544

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000584031  
 01/12/07-80022-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXLEY, LINDSAY 3050 MICHIGAN AVE. KISSIMMEE, FL 347441544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXLEY, PAUL 3050 MICHIGAN AVE. KISSIMMEE, FL 347441544
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Lindsay Oxley LINDSAY OXLEY Date: Jan 8, 07 Daytime Phone #: 407 5187433

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