


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000053480 1. Entity Name LINPAUL PROPERTIES, LLC	
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Principal Place of Business 3050 MICHIGAN AVE. KISSIMMEE, FL 34744-1544	Mailing Address 3050 MICHIGAN AVE. KISSIMMEE, FL 34744-1544
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01082008No Chg-LLC CR2E083 (12/07)

**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 \_\_\_\_\_ (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 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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01/31/08-80012-012 138.75

**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 M Oxley LINDSAY M OXLEY Jan 24, 08 4075187433

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