

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 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



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 ☐

\$5.00 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

Signature, typed or printed name of registered agent and title if applicable.

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

000000800312
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 #