

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080671

FILED
Jul 18, 2006
Secretary of State

Entity Name: PAUL&NONG ENTERPRISES, LLC

Current Principal Place of Business:

1301,1303 AND 1305 DELAWARE AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

1301,1303, AND 1305 DELAWARE AVE.
FORT PEIRCE, FL 34950

Current Mailing Address:

1301,1303 AND 1305 DELAWARE AVE
FORT PIERCE, FL 34950

New Mailing Address:

P.O.BOX 882305
PORT ST. LUCIE, FL 34988

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

PAUL, DANIEL S MGR
883 SW GRAND RESERVE BLVD.
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: DANIEL S. PAUL

07/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAUL, DANIEL
Address: PO BOX 882305
City-St-Zip: PORT SAINT LUCIE, FL 34988

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAUL, DANIEL S MGR
Address: P.O. BOX 882305
City-St-Zip: PORT ST. LUCIE, FL 34988

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL S. PAUL

MGR

07/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date