
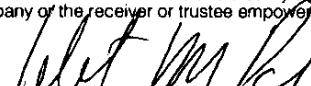


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90480 024 \*\*\*\*50.00

<b>DOCUMENT # L05000082644</b> 1. Entity Name <b>PAUL HARTMAN LLC</b>					
Principal Place of Business <b>5204 SW HAMMOCK CREEK DRIVE PALM CITY, FL 34990</b>			Mailing Address <b>5204 SW HAMMOCK CREEK DRIVE PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box # <b>4209 SW HIGH MEADOWS AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4209 SW HIGH MEADOWS AVE.</b> Suite, Apt. #, etc.			
City & State <b>Palm City, FL</b> Zip Country <b>34990 MARTIN</b>		City & State <b>Palm City, FL</b> Zip Country <b>34990 MARTIN</b>		4. FEI Number <b>71-0987743</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PAUL, ELLIOT M 5204 SW HAMMOCK CREEK DRIVE PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>RICOU E. HARTMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4209 SW HIGH MEADOWS AVE.</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL, ELLIOT M 5204 SW HAMMOCK CREEK DRIVE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTMAN, RICOU E 2694 SE WILLOUGHBY BLVD. STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3051 SW STUART WEST BLVD. Palm City, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTMAN, PETER 2694 SE WILLOUGHBY BLVD. STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			3/7/07 772219-8445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					