

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083763

FILED
Apr 26, 2006
Secretary of State

Entity Name: PAULBILL, L.L.C.

Current Principal Place of Business:

19046 BRUCE B. DOWNS BLVD., BOX 185
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19046 BRUCE B. DOWNS BLVD., BOX 185
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-3217497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, PAULINE
9734 CYPRESS SHADOW AVENUE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CLARKE, PAULINE
19046 BRUCE B DOWNS BLVD BOX # 185
TAMPA, FL 33647 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: PAULINE CLARKE

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARKE, PAULINE
Address: 9734 CYPRESS SHADOW AVENUE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: CLARKE, C. BILISTON
Address: 9734 CYPRESS SHADOW AVENUE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: CLARKE, PAULINE
Address: 19046 BRUCE B DOWNS BLVD BOX #185
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: CLARKE, C. BILISTON
Address: 19046 BRUCE B DOWNS BLVD BOX # 185
City-St-Zip: TAMPA, FL 33647

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: PAULINE CLARKE

PD

04/26/2006

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