2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR 13 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000091576

1. Entity Name
CARLOS R PAIZ,LLC

Principal Place of Business	Mailing Address
2318 SE 8TH AVENUE CAPE CORAL, FL 33990 00	2318 SE 8TH AVENUE CAPE CORAL, FL 33990 00

01192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2318 S.E. 8TH AVE	2318 S.E 8TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL.	City & State: CAPE CORAL FL.
Zip: 33990 Country: LEE	Zip: 33990 Country: LEE

4. FEI Number 01-0754599 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAIZ, CARLOS R
2318 SE 8TH AVENUE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] JAN 28, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PAIZ, CARLOS R	
STREET ADDRESS	2318 SE 8TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	02/01/07 90048 027 $50.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] JAN 28 2007 239 218 1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #