

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 2318 SE 8TH AVENUE CAPE CORAL, FL 33990 00	Mailing Address 2318 SE 8TH AVENUE CAPE CORAL, FL 33990 00
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2. Principal Place of Business - No P.O. Box # 2318 SE 8TH AVE	3. Mailing Address 2318 SE 8TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33990	Zip 33990
Country LEE	Country LEE



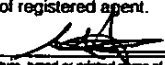
01192007 Chg-LLC CR2E083 (12/06)

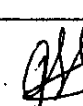
4. FEI Number 01-0754599 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PAIZ, CARLOS R 2318 SE 8TH AVENUE CAPE CORAL, FL 33990	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE JAN 28, 2007

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State 
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAIZ, CARLOS R 2318 SE 8TH AVENUE CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/01/07 90048 027 \$50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: 	DATE: JAN 28 2007 239 218 1937
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