

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100894

**FILED**  
**Mar 13, 2007**  
**Secretary of State**

**Entity Name:** PAULIE'S EQUIPMENT SERVICES, LLC

**Current Principal Place of Business:**

4273 ENTERPRISE AVENUE  
SUITE 4  
NAPLES, FL 34104 US

**New Principal Place of Business:**

5490 LEE STREET  
LEHIGH ACRES, FL 33971 US

**Current Mailing Address:**

4273 ENTERPRISE AVENUE  
SUITE 4  
NAPLES, FL 34104 US

**New Mailing Address:**

5490 LEE STREET  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 20-3615470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALLS, JEFFERY G  
4273 ENTERPRISE AVENUE  
SUITE 4  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

WALLS, JEFFERY G  
5490 LEE STREET  
LEHIGH ACRES, FL 33971 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: JAMES N. GOLDEN

03/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALLS, JEFFERY G  
Address: 4273 ENTERPRISE AVENUE  
City-St-Zip: NAPLES, FL 34104 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALLS, JEFFERY G  
Address: 5490 LEE STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: JAMES N. GOLDEN

MR.

03/13/2007

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