

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 002 \*\*\*\*55.00

<b>DOCUMENT # L05000106979</b> 1. Entity Name <b>PAOLI ENTERPRISES LLC</b>			
Principal Place of Business <b>5572 METROWEST BLVD</b> <b>102</b> <b>ORLANDO, FL 32811 US</b>		Mailing Address <b>5572 METROWEST BLVD</b> <b>102</b> <b>ORLANDO, FL 32811 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2714 Amsden Rd.</b> Suite, Apt. #, etc. _____		3. Mailing Address <b>2714 Amsden Rd.</b> Suite, Apt. #, etc. _____	
City & State <b>Winter Park, FL</b> Zip <b>32792</b> Country <b>US</b>		City & State <b>Winter Park, FL</b> Zip <b>32792</b> Country <b>US</b>	
4. FEI Number <b>20-3728555</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMALLEY &amp; COMPANY, PL</b> <b>1517 HILLCREST STREET</b> <b>ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEA, JUAN C 5572 METROWEST BLVD # 102 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Quea, Juan C. 2714 Amsden Rd. Winter Park, FL. 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEA, PAULA R 5572 METROWEST BLVD # 102 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Quea, Paula R. 2714 Amsden Rd. Winter Park, FL. 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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> <u>Juan Quea</u> <b>3-15-2007</b> <b>(407) 470-2650</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			