2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 22, 2008 08:00 AN Secretary of State DOCUMENT # L06000015633 1. Entity Name DAVID PAUL, LLC Principal Place of Business Mailing Address 2912 S.W. 91 TERRACE 2912 S.W. 91 TERRACE **GAINESVILLE FL 32608** GAINESVILLE FL 32608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-4355778 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRNEISE, PAUL J Street Address (P.O. Box Number is Not Acceptable) 2912 S.W. 91 TERRACE GAINESVILLE FL 32608 City Z_ip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or or need name of registered agent and the 4 depletable (NOTE: Registered Agent's griature required when remistating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM ☐ Delete Change Addition NAME HIRNEISE, PAUL STREET ADDRESS 2912 S.W. 91ST TERRACE STREET ADDRESS CHY-ST-7(P GAINESVILLE FL 32608 CITY-ST-Z:P THRE MGRM Delete TITLE ☐ Change Addition NAME KARABY, DAVID NAME U000000834875 STREET ADDRESS P.O. BOX 12 STREET ADDRESS 02/29/08-80012-007 138.75 City-St-ZIP EARLETON FL 32631 CITY-ST-ZIP THILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP T:TF Delote TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Paul Himeise

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SIGNATURE: