

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90480 025 ****50.00

DOCUMENT # L06000041042

1. Entity Name
PAUL HARTMAN REAL ESTATE LLC



Principal Place of Business
**4209 SW HIGH MEADOWS AVENUE
PALM CITY, FL 34990**

Mailing Address
**5204 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4209 SW HIGH MEADOWS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Palm City, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

34990

MARTIN

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAUL, ELLIOT M
5204 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990**

Name

RICOU E. HARTMAN

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

4209 SW HIGH MEADOWS AVE.

City

Palm City

FL

Zip Code

34990

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, 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

10. ADDITIONS/CHANGES

TITLE NAME	MGRM HARTMAN, RICOU E <input type="checkbox"/> Delete
STREET ADDRESS	6056 SABAL CREEK BOULEVARD
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE NAME	MGRM HARTMAN, JANET A <input type="checkbox"/> Delete
STREET ADDRESS	6056 SABAL CREEK BOULEVARD
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE NAME	MGRM PAUL, SHERYL A <input type="checkbox"/> Delete
STREET ADDRESS	5204 SW HAMMOCK CREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE NAME	MGRM PAUL, ELLIOT M <input type="checkbox"/> Delete
STREET ADDRESS	5204 SW HAMMOCK CREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3051 SW STUART WEST BLVD.
CITY-ST-ZIP	Palm City, FL 34990
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3051 SW STUART WEST BLVD.
CITY-ST-ZIP	Palm City, FL 34990
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

3/7/07

7722198448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #