

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

4209 SW HIGH MEADOWS AVE
PALM CITY, FL 34990



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, RICOIL E
4209 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARTMAN, RICOIL E
STREET ADDRESS	3051 SW STUART WEST BLVD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	HARTMAN, JANET A
STREET ADDRESS	3051 SW STUART WEST BLVD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	PAUL, SHERYL A
STREET ADDRESS	5204 SW HAMMOCK CREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	PAUL, ELLIOT M
STREET ADDRESS	5204 SW HAMMOCK CREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000802893
02/05/08-80001-024 138.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/25/08

772/219-8448