

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074700

Entity Name: CHRISPAUL, LLC

FILED  
May 17, 2007  
Secretary of State

**Current Principal Place of Business:**

1875 WENTWOOD COVE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

17918 TIMBERVIEW ST  
TAMPA, FL 33647 US

**Current Mailing Address:**

1875 WENTWOOD COVE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

17918 TIMBERVIEW ST  
TAMPA, FL 33647 US

FEI Number: 20-5313961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
SUITE 101  
TALLAHASSEE, FL 323012960 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAHIDI, INDRANIE  
Address: 1875 WENTWOOD COVE  
City-St-Zip: LAKE MARY, FL 32746 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAHIDI, INDRANIE  
Address: 17918 TIMBERVIEW ST  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify 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: INDRANIE SHAHIDI

MRS.

05/17/2007

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