




# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90018 039 \*\*\*138.75

<b>DOCUMENT # L07000010614</b> 1. Entity Name <b>PADDYWAGON, LLC</b>					
Principal Place of Business <b>6481 TAEDA DRIVE</b> <b>SARASOTA, FL 34241 US</b>			Mailing Address <b>6481 TAEDA DRIVE</b> <b>SARASOTA, FL 34241 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6586 Gateway Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>4538 McAshton St</b> Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>20-8335022</b>	
Zip <b>34231</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THOMAS C. TYLER, JR., P.A.</b> <b>981 RIDGEWOOD AVENUE</b> <b>SUITE 104</b> <b>VENICE, FL 34285</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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> 			<b>Tom Elliott</b>		<b>1/7/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone # <b>941-921-5890</b>