

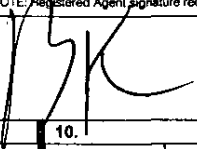
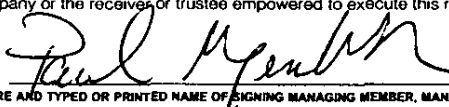


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000021883</b> 1. Entity Name <b>PAUL MENDEL, LLC</b>				<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">08 FEB 19 PM 3:25</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>3424 OLD ST. AUGUSTINE RD #107 TALLAHASSEE, FL 32311</b>		Mailing Address <b>3424 OLD ST. AUGUSTINE RD #107 TALLAHASSEE, FL 32311</b>			
2. Principal Place of Business No P.O.-Box # <b>2116 Ridgetop Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2116 Ridgetop Dr</b> Suite, Apt. #, etc.		01222008    Chg-LLC    CR2E083 (12/06)	
City & State <b>Tallahassee, FL</b> Zip    Country <b>32303    USA</b>		City & State <b>Tallahassee, FL</b> Zip    Country <b>32303    USA</b>		4. FEI Number <b>20-8575839</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333</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 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEL, PAUL 3424 OLD ST. AUGUSTINE RD #107 TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2116 Ridgetop Dr Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400118963684 02/28/08--01003--010    **138.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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.					
SIGNATURE: 			Date: <b>2/9/08</b> Daytime Phone #		