2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L98000003161

Entity Name: PAGLIA AND COMPANY, LLC

Current Principal Place of Business:

5111 SOUTH PINE AVE., SUITE O
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

PO BOX 5058
OCALA, FL 34478

New Mailing Address:

FEI Number: 65-0883999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: CARRIZZO, CHRISTOPHER J
Address: 5111 SOUTH PINE AVE, BLDG O
City-St-Zip: OCALA, FL 34480

Title: MGRM ( ) Delete
Name: PAGLIA, JOHN A JR
Address: 5111 SOUTH PINE AVE, BLDG O
City-St-Zip: OCALA, FL 34480

Title: MGRM ( ) Delete
Name: PAGLIA, MICHAEL D
Address: 5111 SOUTH PINE AVE, BLDG O
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL PAGLIA MGR 04/27/2007

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