2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# M04000005432

Entity Name: PAICE LLC

Current Principal Place of Business:

22957 SHADY KNOLL DR.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

22957 SHADY KNOLL DR.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-1975539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	OSWALD, ROBERT S	
Address:	22957 SHADY KNOLL DR	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	MGRM ( ) Delete	
Name:	HIRSCH, DAVID S	
Address:	37 WEST 12TH STREET, APT. PHC	
City-St-Zip:	NEW YORK, NY 10011	
Title:	MGRM ( ) Delete	
Name:	KEENAN, FRANCES	
Address:	111 SOUTH CALVERT STREET, SUITE 2300	
City-St-Zip:	BALTIMORE, MD 21202	
Title:	MGRM ( ) Delete	
Name:	KEMPTON, GEORGE R	
Address:	3991 GULF SHORE BLVD NORTH, #101	
City-St-Zip:	NAPLES, FL 34103	
Title:	MRGM ( ) Delete	
Name:	TEMPLIN, ROBERT J	
Address:	605 ROBIN DALE DRIVE	
City-St-Zip:	AUSTIN, TX 78734	
Title:	MGRM ( ) Delete	
Name:	TYDINGS, JOSEPH D SEN.	
Address:	1825 EYE STREET NW	
City-St-Zip:	WASHINGTON, DC 20006	

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:	
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: ROBERT OSWALD MGRM 01/19/2009

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