

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005432

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**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:**

OSWALD, ROBERT S  
22957 SHADY KNOLL DR  
BONITA SPRINGS, FL 34145 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  
**Name:** OSWALD, ROBERT S  
**Address:** 22957 SHADY KNOLL DR  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** MGRM  
**Name:** HIRSCH, DAVID S  
**Address:** 37 WEST 12TH STREET, APT. PHC  
**City-St-Zip:** NEW YORK, NY 10011

**Title:** MGRM  
**Name:** KEENAN, FRANCES  
**Address:** 111 SOUTH CALVERT STREET, SUITE 2300  
**City-St-Zip:** BALTIMORE, MD 21202

**Title:** MGRM  
**Name:** KEMPTON, GEORGE R  
**Address:** 3991 GULF SHORE BLVD NORTH, #101  
**City-St-Zip:** NAPLES, FL 34103

**Title:** MRGM  
**Name:** TYDINGS, JOSEPH D SEN.  
**Address:** 1825 EYE STREET NW  
**City-St-Zip:** WASHINGTON, DC 20006

I hereby 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

01/18/2010

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