


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M05000000840**

1. Entity Name  
**PAUL CIMINI, LLC**



Principal Place of Business <b>89 REDWOOD DR          SAFETY HARBOR, FL 34695</b>	Mailing Address <b>89 REDWOOD DR          SAFETY HARBOR, FL 34695</b>
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-1601056</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CIMINI, PAUL  
 89 REDWOOD DR  
 SAFETY HARBOR, FL 34695**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000896603  
 04/25/08-80014-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIMINI, PAUL P.O. BOX 1623 OLDSMAR, FL 34677
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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:** *Paul Cimini* **Paul Cimini** 4-10-08 401-465-9057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #