2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A32263 1. Entity Name ATLAS PAPER MILLS, LTD. Mailing Address Principal Place of Business 3725 EAST 10TH COURT 3725 EAST 10TH COURT HIALEAH, FL 33013 HIALEAH, FL 33013 01092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE A FFI Number Applied For 65-0298511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANANIA, FRANCIS A., ESQ. DO NOT WRITE SUITE 3300 INTERNATIONAL PLACE 100 SOUTHEAST SECOND STREET IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12 P36415 DOCUMENT # NAME APM FINANCIAL CORP. STREET ADDRESS %3725 E. 10TH COURT City-st-zip HIALEAH, FL #10000396543 01/30**/06**-80013-**017 508.75** DOCUMENT # NAME STREET ADDRESS CUTY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to exacute this region as required by Chapter 620, Florida Statutes

SIGNATURE:

COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

UNE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dusident,