


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 024 ****50.00

DOCUMENT # L00000010100 1. Entity Name ABLE TAPE AND PACKAGING, LLC					
Principal Place of Business 14450 - 60TH ST N CLEARWATER, FL 33760			Mailing Address 2930 SHANNON CIRCLE PALM HARBOR, FL 34684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062004 Chg-LLC CR2E083 (10/03) 4. FEI Number 59-3668998	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REIBER, SAM I 601 E TWIGGS ST., STE 200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 3821 Henderson Blvd City: Tampa FL Zip Code: 33629	
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 _____		DATE 1-8-04			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPUA, PAUL		NAME		
STREET ADDRESS	2915 SHANNON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Date 1-8-04 Daytime Phone # 727-789-7653			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					