

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90179 022 \*\*\*\*50.00

DOCUMENT # L03000031581	
1. Entity Name PAPY, LLC	

Principal Place of Business 3000 NW 107TH AVE MIAMI, FL 33172	Mailing Address 3000 NW 107TH AVE MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0329248	Applied For Not Applicable
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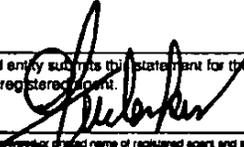
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHERMER, STEVEN J  
2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134

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:  DATE: \_\_\_\_\_

Signature must be of the registered agent and not applicable. (NOTE: Registered Agent signature required when reissuing)

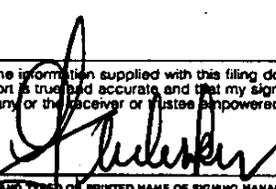
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FELDENKREIS, GEORGE 3000 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FELDENKREIS, OSCAR 3000 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Attachment



30001831

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

PAPY, LLC  
3000 NW 107TH AVE  
MIAMI, FL 33172

Subject: PAPY, LLC

Reference Number: **L03000031581**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION