


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

|   |                          |         |  |   |  |
|---|--------------------------|---------|--|---|--|
| <b>DOCUMENT # A17958</b><br>1. Entity Name<br>PAPPER VENTURES, LTD.   |                          |         |  |                                  |  |
| Principal Place of Business<br>ONE GROVE ISLE DRIVE<br>SUITE 1501<br>MIAMI, FL 33133  |                          |         | Mailing Address<br>ONE GROVE ISLE DRIVE<br>SUITE 1501<br>MIAMI, FL 33133 |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.  |                          |         | 3. Mailing Address<br>Suite, Apt #, etc.                                 |   |  |
| City & State  |                          |         | City & State   |   |  |
| Zip   |                          | Country |  | Zip   |  |
| Country   |                          | Country |  | 4. FEI Number<br><b>59-2454245</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |         |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>PAPPER, PATRICIA M.<br>ONE GROVE ISLE DRIVE<br>SUITE 1501<br>MIAMI, FL 33133   |                          |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |                          |         |  | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                          |         |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$175,000.00</b>  |                          |         | 10. Amount of Capital Contributions in FLORIDA to date.                  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                          |         |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                          |         | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | NAME                     |         | STREET ADDRESS   |   |  |
| NAME  | PAPPER, PATRICIA M.      |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | 1 GROVE ISLE DRIVE,S1501 |         | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | MIAMI, FL                |         | CITY-ST-ZIP  |   |  |
| DOCUMENT #  | NAME                     |         | STREET ADDRESS   |   |  |
| NAME  |                          |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                          |         | STREET ADDRESS   |   |  |
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| CITY-ST-ZIP   |                          |         | CITY-ST-ZIP  |   |  |
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| STREET ADDRESS  |                          |         | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                          |         | CITY-ST-ZIP  |   |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 execute this report as required by Chapter 620, Florida Statutes |                          |         |  |   |  |
| SIGNATURE: <i>Patricia Papper</i>   |                          |         | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER           |   |  |
| DATE: <i>4/26/05</i>  |                          |         | Date   |   |  |
| DAYTIME PHONE #   |                          |         | Daytime Phone #  |   |  |



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-2454245**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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.

9. Capital Contributions as Shown on record. **\$175,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.

**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.**

| 12.            | GENERAL PARTNER INFORMATION | 13.            | ADDRESS CHANGES ONLY |
|----------------|-----------------------------|----------------|----------------------|
| DOCUMENT #     | NAME                        | STREET ADDRESS |                      |
| NAME           | PAPPER, PATRICIA M.         | CITY-ST-ZIP    |                      |
| STREET ADDRESS | 1 GROVE ISLE DRIVE,S1501    | STREET ADDRESS |                      |
| CITY-ST-ZIP    | MIAMI, FL                   | CITY-ST-ZIP    |                      |
| DOCUMENT #     | NAME                        | STREET ADDRESS |                      |
| NAME           |                             | CITY-ST-ZIP    |                      |
| STREET ADDRESS |                             | STREET ADDRESS |                      |
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SIGNATURE: *Patricia Papper*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 DATE: *4/26/05*  
 Date  
 DAYTIME PHONE #  
 Daytime Phone #

STAPLE CHECK HERE