

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17958

Entity Name: PAPPER VENTURES, LTD.

**FILED**  
**Feb 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE  
SUITE 1501  
MIAMI, FL 33133

**New Principal Place of Business:**

ONE GROVE ISLE DRIVE  
SUITE 1501  
MIAMI, FL 33133 US

**Current Mailing Address:**

ONE GROVE ISLE DRIVE  
SUITE 1501  
MIAMI, FL 33133

**New Mailing Address:**

ONE GROVE ISLE DRIVE  
SUITE 1501  
MIAMI, FL 33133 US

FEI Number: 59-2454245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPPER, PATRICIA M.  
ONE GROVE ISLE DRIVE  
SUITE 1501  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PAPPER, PATRICIA M.  
Address: 1 GROVE ISLE DRIVE,S1501  
City-St-Zip: MIAMI, FL

**ADDRESS CHANGES ONLY:**

Address: 1 GROVE ISLE DRIVE,#1501  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA M. PAPPER

PTR

02/28/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date