


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001471 1. Entity Name POLYMER PARTNERS, LLC	
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Principal Place of Business 2204 S. EXMOOR STREET TAMPA, FL 33629	Mailing Address 2204 S. EXMOOR STREET TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -8 AM 10:54

06302005 No Chg-LLC CR2E083 (10/03)

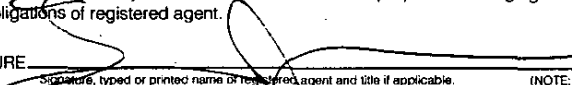
4. FEI Number 59-3625767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKE, ERROL J
2204 S. EXMOOR STREET
TAMPA, FL 33629

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 7-1-05

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENKE, ERROL J 2204 S. EXMOOR ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAZIOW, JOHN J 2720 CHANDON PLACE ALPHARETTA, GA 33022
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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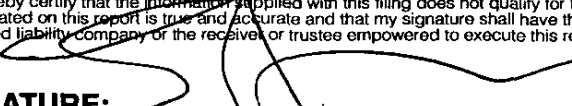
REINSTATEMENT 2005

700060453747
10/10/05--01063--015 **50.00

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700060453747
11/30/05--01047--002 **100.00

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

Date: 9-15-05 Daytime Phone #: 813 258 3553