2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED**

| DOCUMENT # L00000007134  |  |  |              |                         | Feb 25, 2005 08:00 A<br>Secretary of State                                     |
|--|--|--|--------------|-------------------------|--|
| PACKAG   | ING CONCEPTS ASSOC., L   | rc   |              |                         | Pesser   |
| Principal Place of Business  |  | Mailing Address  |              |                         |  |
| 4925 PARK RIDGE BLVD<br>BOYNTON BEACH FL 33426   |  | 4925 PARK RIDGE BLVD<br>BOYNTON BEACH FL 33426   |              |                         |  |
|  |  | _  |              |                         |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |              |                         |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |              |                         | 1st MOORE CR2E083 (10/04)  |
| City & State   |  | City & State   |              | ···                     | 4. FEI Number 65-1017098 Applied For Not Applicab                              |
| Zip  | Country  | Zip Count  |              | try                     | 5. Certificate of Status Desired See Required Fee Required                     |
|  | 6. Name and Address of Current   | Registered Agent   |              |                         | 7. Name and Address of New Registered Agent                                    |
| RI C   | AKLEY DENNIS M   | · ·  | : : :        | Name                    |  |
| 492  | BLEAKLEY, DENNIS M 4925 PARK RIDGE BLVD BOYNTON BEACH FL 33426  The above named entity submits this statement to the obligations of registered agent   |  |              | Street Addres           | ss (P.O. Box Number is Not Acceptable)   |
|  |  |  |              | City                    | FL Zip Code  |
| 8. The above   | named entity submits this statement f  | or the purpose of changing its   | register     | )<br>ed office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent  |  |  |              |                         |  |
| SIGNATURE Signature, typed or prifited name of registered agent and tifle if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |  |  |              |                         |  |
| Signature, typed or prifited name of registeroid agent and tille if applicable (NOTE Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$50.00   |  |  |              |                         |  |
|  |  | Make Check Payab   | le to Fl     | orida Departn           | nent of State  |
|  |  | I 2000 000 000 000 000 000 000 000 000 0   | e By M       | ay 1, 2005              |  |
| 9.   | MANAGING MEMB  | <del></del>  | 10.          | <del></del>             | ADDITIONS/CHANGES  |
| TITLE<br>NAME  | MGRM<br>MESHBERG, PHILIP   | Delete   | TITL.<br>NAM | 1                       | ☐ Change ☐ Addillo   |
| STREET ADDRESS   | 4925 PARKRIDGE BLVD  |  |              | ET ADDRESS              | UNNANA243563<br>N2/25/NS-80047-001 50.00                                       |
| CITY-ST-ZIP  | BOYNTON BEACH FL 33426   |  | CITY         | -ST-ZIP                 |  |
| TITLE<br>NAME  |  | ☐ Delete   | TITL         | - 1                     | ☐ Change ☐ Addilio   |
| STREET ADDRESS   |  |  | NAM<br>STRE  | ET ADDRESS              |  |
| CITY-ST-ZIP  | ;  |  |              | -ST-ZIP                 |  |
| TITLE  |  | Defete   | וווו         |                         | ☐ Change ☐ Addilio   |
| NAME<br>STOCET ADDRESS   |  |  | NAM          | - 1                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | }  |  |              | ET AODRESS<br>- ST-ZIP  |  |
| TITLE  | , and the state of | ☐ Delete   | TITL         | <del></del>             | ☐ Change ☐ Additio   |
| NAME   |  | _ ••••   | NAM          | 1                       |  |
| STREET ADDRESS   |  |  | •            | ET ADDRESS              |  |
| CITY-ST-ZIP  | <del>                                     </del>   | The same of the sa |              | -ST-ZIP                 |  |
| TITLE<br>NAME  |  | ☐ Delete   | TITLI<br>NAM | 1                       | ☐ Change ☐ Addilio   |
| STREET ADDRESS   |  | i i  | •            | ÉT ADDRESS              |  |
| CITY-ST-ZIP  | ,,,,,,   |  | YTIO         | -ST-ZIP                 |  |
| YITLE<br>Name  |  | ☐ Delete   | TITL         |                         | ☐ Change ☐ Additio   |
| STREET ADDRESS   |  |  | NAM<br>STRE  | E<br>Et adoress         |  |
| CITY-ST-ZIP  | <u> </u>   |  | CITY         | -S1-ZIP                 |  |
| 11. I hereby certify that the information supplied with this filling 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.  |  |  |              |                         |  |

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE