
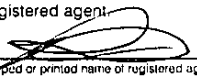
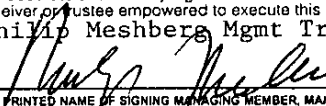


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90020 008 ****50.00

DOCUMENT # L00000007134						
1. Entity Name PACKAGING CONCEPTS ASSOC., LLC						
Principal Place of Business 4925 PARK RIDGE BLVD BOYNTON BEACH, FL 33426			Mailing Address 4925 PARK RIDGE BLVD BOYNTON BEACH, FL 33426			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BLEAKLEY, DENNIS M 4925 PARK RIDGE BLVD BOYNTON BEACH, FL 33426				Name Richard B. Comiter Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard Suite 604 City Palm Beach Gardens, FL Zip Code 33410		
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 			Richard B. Comiter DATE 3/1/06			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input checked="" type="checkbox"/> Delete			TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MESHBERG, PHILIP			NAME	The Philip Meshberg Mgmt Trust	
STREET ADDRESS	4925 PARKRIDGE BLVD			STREET ADDRESS	4925 Park Ridge Blvd	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						
The Philip Meshberg Mgmt Trust, MGRM By:  Philip Meshberg, Trustee						
SIGNATURE: _____				Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						