


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000008791**

1. Entity Name  
 UNIPLAST FLORIDA, L.L.C.



Principal Place of Business      Mailing Address

35 NORTHWOODS LANE      35 NORTHWOODS LANE  
 BOYNTON BEACH, FL 33436      BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**



03302006No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 65-1110002      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, BERTRAM  
 35 NORTHWOODS LANE  
 BOYNTON BEACH, FL 33436

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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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

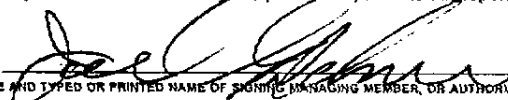
U00000502796  
 04/26/06-80007-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLMAN, ALLAN J
STREET ADDRESS	106 HERRICK RD.
CITY-ST-ZIP	WAYNE, NJ 07470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**       **4/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #