2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

		REPORT (AR)		FILED	
DOCUMENT # L01000010631				Jan 31, 2005 08:00 AM Secretary of State	
PAPEL SU	JD AMERICA, LLC				. •
Principal Place of Business		Mailing Address			
3031 WESTSIDE BLVD JACKSONVILLE FL 32209		3031 WESTSIDE BLVD JACKSONVILLE FL 32209		=	
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 59-3738622	Applied For Not Applicable
Zıp	Country	Zip	Country	5. Certificate of Status Desired	Additional uired
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
AHERN, FRED L JR 2215 S THIRD ST		Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 101 JACKSONVILLE BEACH FL 32250		2250			
			City		Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE	Registered Agent signature requ	used when reinstating) DATE	
			W!!! FEE IS \$50.0	* ***********	
		Make Check Payable Due	e to Florida Departi By May 1, 2005	nent or State	
9.	MANAGING MEME	BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	MGRM CLEWS, JOHN A	☐ Delete	IITLE NAME	☐ Char	_
STREET ADDRESS	3031 WESTSIDE BLVD JACKSONVILLE FL 32209	•	STREET ADDRESS CITY-ST-ZIP	000000206438 02/01/05-80005-016 50	.00
TITLE	MGRM	☐ Delete	TITLE	☐ Char	ge 🔲 Addition
NAME STREET ADDRESS	102 02 110 011110	_	NAME STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2 □ Delete	CLTY-ST- ZIP	☐ Char	ge
NAME STREET ADDRESS			NAME STREET ADORESS		
CITY-ST-ZIP			CITY-ST-ZIP		
THILE NAME		☐ Delete	TITLE	Chai	ge
STREET ADDRESS CITY-ST-ZIP			STREEF ADDRESS CHTY-ST-ZIP		
HILE		☐ Delete	THE	Char	ige Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP		Delete	CITY-ST-ZIP	☐ Char	 ige 🔲 Addition
NAME		La Delete	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		
Indicated	certify that the information supplied w I on this report is true and accurate ar ability company or the receiver or trust	rd that my signature shall have t	he same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that if made under oath; that I am a managing member or manapter 608, Florida Statutes.	he information nager of the

SIGNATURE: James 9. Lews James A. Clews Vice Pres. dest 1-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Oble Destroy Phony P