

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010631			
1. Entity Name PAPEL SUD AMERICA, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. 3031 WESTSIDE BOULEVARD City & State JACKSONVILLE, FL Zip 32209		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3738622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name AHERN, FRED L. JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S. THIRD ST, SUITE 101 City JACKSONVILLE BEACH FL Zip Code 32250	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN S. CLEWS 3031 WESTSIDE BOULEVARD JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES A. CLEWS 132 SEA HAMMOCK WAY PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <u>James A. Clews</u> <u>4-30-03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			