


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000013560 1. Entity Name PAPERCHASE LLC	
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Principal Place of Business 831 SAILAWAY LANE #201 NAPLES, FL 34108	Mailing Address 831 SAILAWAY LANE #201 NAPLES, FL 34108
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06262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3740546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PILGRIM, LINDA D
831 SAILAWAY LANE #201
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 Linda D. Pilgrim, Resident Registered Agent Linda D. Pilgrim 6-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILGRIM, MICHAEL J 831 SAILAWAY LANE #201 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILGRIM, LINDA D 831 SAILAWAY LANE #201 NAPLES, FL 34108
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06/28/07-80002-002 50.00

**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: [Signature] - Managing Member 6-26-07 239-250-9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #