

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90101 018 ****50.00

DOCUMENT # L01000021682					
1. Entity Name PAPER QUEST LLC					
Principal Place of Business 4915 52ND AVE WEST BRADENTON, FL 34210			Mailing Address 4915 52ND AVE WEST BRADENTON, FL 34210		
2. Principal Place of Business 4907 52ND AVE WEST			3. Mailing Address 4907 52ND AVE WEST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BRADENTON FL		City & State BRADENTON FL		4. FEI Number 04-3619091	
Zip 34210		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, DAVID C 4915 52ND AVE WEST BRADENTON, FL 34210			7. Name and Address of New Registered Agent Name <u>ADAMS, DAVID C</u> Street Address (P.O. Box Number is Not Acceptable) <u>4907 52ND AVE WEST</u> City <u>BRADENTON</u> <u>FL</u> Zip Code <u>34210</u>		
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)					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, DAVID 4907 52ND AVENUE WEST BRADENTON, FL 34210	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>David Adams</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					