


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024752 1. Entity Name KWB PACKAGING, LLC	
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Principal Place of Business 1317 THOMPSON CIRCLE, NW WINTER HAVEN, FL 33881-2304	Mailing Address 1317 THOMPSON CIRCLE, NW WINTER HAVEN, FL 33881-2304
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04112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2075166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, WILLIAM G
 1317 THOMPSON CIRCLE, NW
 WINTER HAVEN, FL 33881-2304

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACK, WILLIAM G 1317 THOMPSON CIRCLE, NW WINTER HAVEN, FL 338812304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACK, KAY W 1317 THOMPSON CIRCLE, NW WINTER HAVEN, FL 338812304
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 04/13/05-80108-003 \$5.00

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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: William A Black Date: 4-14-05 Daytime Phone #: 863-295-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE