


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90028 037 \*\*\*\*55.00

**DOCUMENT # L02000024752**

1. Entity Name  
**KWB PACKAGING, LLC**



Principal Place of Business  
**1317 THOMPSON CIRCLE, NW  
 WINTER HAVEN, FL 33881-2304**

Mailing Address  
**1317 THOMPSON CIRCLE, NW  
 WINTER HAVEN, FL 33881-2304**

**00042064**

2. Principal Place of Business - No P.O. Box #  
**2920 CHICKASAW CIRCLE**

3. Mailing Address  
**2920 CHICKASAW CIRCLE**

Suite, Apt. #, etc.



01082007 Chg-LLC CR2E083 (12/06)

City & State  
**HAINES CITY, FL**

City & State  
**HAINES CITY, FL**

Zip  
**33844**

Country  
**POLK**

4. FEI Number  
~~54-2075163~~ **54-2075163**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent

Name  
**BLACK WILLIAM G.**

Street Address (P.O. Box Number is Not Acceptable)  
**2920 CHICKASAW CIRCLE**

City  
**HAINES CITY**

FL Zip Code  
**33844**

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) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES           |   |
|--|--|---------------------------------|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BLACK, WILLIAM G<br>1317 THOMPSON CIRCLE, NW<br>WINTER HAVEN, FL 338812304 <input checked="" type="checkbox"/> X | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |                                 | Same<br>Same<br>2920 Chickasaw Circle<br>Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BLACK, KAY W<br>1317 THOMPSON CIRCLE, NW<br>WINTER HAVEN, FL 338812304 <input checked="" type="checkbox"/> X     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |                                 | Same<br>Same<br>2920 Chickasaw Circle<br>Haines City, FL 33844 <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** William A Black **3-27-07** **863-422-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #