
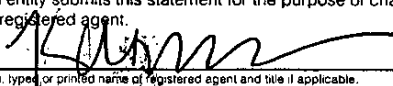
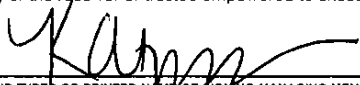


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90028 029 \*\*\*\*50.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # L03000004804</b><br>1. Entity Name<br><b>PAPER PRINCESS, L.L.C.</b>   |  |   |  |
| Principal Place of Business<br><b>520 BRICKELL KEY DR.<br/>TOWNHOUSE A-303<br/>MIAMI, FL 33131</b>  |  | Mailing Address<br><b>520 BRICKELL KEY DR.<br/>TOWNHOUSE A-303<br/>MIAMI, FL 33131</b>   |  |
| 2. Principal Place of Business<br><b>9801 SW 2nd St.</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>9801 SW 2nd St.</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Plantation, FL</b><br>Zip<br><b>33324</b>  |  | City & State<br><b>Plantation, FL</b><br>Zip<br><b>33324</b>   |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>59-4169081</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  | 02162005 Chg-LLC CR2E083 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GILDEN, KATHRYN M<br/>520 BRICKELL KEY DR.<br/>TOWNHOUSE A-303<br/>MIAMI, FL 33131</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Gilden, Kathryn M.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>9801 SW 2nd St.</b><br>City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b> |  |
| 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.<br>SIGNATURE  DATE <b>2/20/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  | <b>10. ADDITIONS / CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GILDEN, KATHRYN M.<br>520 BRICKELL KEY DR.<br>MIAMI, FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Gilden, Kathryn M.<br>9801 SW 2nd St.<br>Plantation, FL 33324         |
| 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 checked="" 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            |
| 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 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:   |  | Date <b>2/20/05</b> <b>954-423-4406</b>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date Daytime Phone #</small>  |  |

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