FILED Jan 23, 2004 8:00 am Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024323 1. Entity Name REPROPACK LLC					01-23-2004 901	22 018 ****50	0.00	
l -	e of Business AGLER STREET, SUITE 1534 3131	Mailing Address 169 EAST FLAGLER STREET, SUITE 1534 MIAMI, FL 33131			EM	00000		
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202004 Chg-LLC (CR2E083 (10/03)		
City & State		City & State			4. FEI Number 06 - 170156-8		oplied For ot Applicable	
Zip	Country	Žip	Coun	try		\$5.00 Add		
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
ARGUELLO, MARIANGELES				NICOLAS LONGO				
169 EAST MIAMI, FL	FLAGLER STREET, SUITE 1:	34		Street Address	reet Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER STREET			
MIAWI, FL			SULTE					
3		City -		,	FL yen	le .		
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8. The above named entry 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 & DELTA OF THE SIGNATURE Signature, Delta or prints in angular regulatored agent and title if applicable. (NOTE: Regulatered Agent signature required when renstating) DATE								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Filing Fee is \$50.00 Due by May 1, 2004						heck payable to epartment of Stat	ie	
9.	MANAGING MEMBERS/MANAGERS 10				ADDITIONS/CH.			
TITLE NAME	MGR - Delete		TITLE NAMI	I		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	SUITE 1534	STRE	ET ADDRESS -ST-ZIP					
TITLÉ	MIAMI, FL 33131 MGR Delete			-		☐ Change	Addition	
NAME	LONGO, SEBASTIAN F		NAM	- 1				
STREET ADDRESS CITY-ST-ZIP	169 EAST FLAGLER STREET, S MIAMI, FL 33131	SUITE 1534		ET ADDRESS -ST-ZIP				
TITLE	Delete					☐ Change	Addition	
NAME	E			E	· · · · · · · · · · · · · · · · · · ·	-		
STREET ADDRESS CITY-ST-ZP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			ĺ	
<u> </u>						☐ Change	Addition	
NAME				E		_		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE	<u></u>	Delete	TITLE			☐ Change	Addition	
NAME	AND CONTRACTOR	L Delete	NAMI	I				
STREET ADDRESS				ET ADDRESS			İ	
. CITY-ST-ZIP	certify that the information and	this filing does not swellf - to		-ST-ZIP	ection 119 07/3/6) Floride Statutes I feet	ther certify that the :	nformation	
11:4t 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 by fusite empowered to execute this report as required by Chapter 608, Florida Statutes.								
minutes instancy sometimes of the provided to exceed this report as required by shaper soo, i fortuna diatates.								
SIGNATURE: 4 OI 20 04 (305) 371-1344								