

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000946**

1. Entity Name  
**PAPERHANGERS UNLIMITED, LLC**



Principal Place of Business  
**4364 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711**

Mailing Address  
**4364 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2231557**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RICHTER, PETER  
4364 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711**

**DO NOT WRITE  
IN THIS SPACE**

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

**PETER RICHTER**

Signature, typed or printed name of registered agent and title if applicable.

*Peter Richter*

(NOTE: Registered Agent signature required when renewing)

**1/9/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000384915  
01/17/06-80034-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RICHTER, PETER  
4364 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:**

**PETER RICHTER** *Peter Richter*

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

Date

Daytime Phone #

**1/9/06 797-866-9711**