

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048682

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** EVERGREEN PAPER AND ENERGY, LLC

**Current Principal Place of Business:**

2595 CARSON OAKS DR.  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

3545 TRAIL RIDGE RD.  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 20-2003591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MORGAN, RONALD  
2595 CARSON OAKS DR.  
JACKSONVILLE, FL 32206      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MORGAN, RONALD J  
Address: 2595 CARSON OAKS DR.  
City-St-Zip: JACKSONVILLE, FL 32068

Title: MGR      ( ) Delete  
Name: MORGAN, RONALD J  
Address: 352 PAPER MILL RD.  
City-St-Zip: EAST RYEGATE, VT 05042

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD MORGAN

MGR.

05/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date