

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093919

**FILED**  
**Feb 06, 2006**  
**Secretary of State**

**Entity Name:** THE PRINTER PRODUCTS COMPANY, LLC

**Current Principal Place of Business:**

5285 PINE MEADOWS ROAD  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

1396 BLUE CLOVER LANE  
WEST PALM BEACH, FL 33415 US

**Current Mailing Address:**

5285 PINE MEADOWS ROAD  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

PO 541852  
LAKE WORTH, FL 33454 US

**FEI Number:** 20-2289399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLDEN, JAMES H III  
5285 PINE MEADOWS ROAD  
LAKE WORTH, FL 33463 US

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

CLARK, CASSANDRA  
1396 BLUE CLOVER LANE  
WEST PALM BEACH, FL 33415 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:** CASSANDRA CLARK

02/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BOLDEN, JAMES H III  
**Address:** 5285 PINE MEADOWS ROAD  
**City-St-Zip:** LAKE WORTH, FL 33463 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BOLDEN, JAMES H III  
**Address:** 1396 BLUE CLOVER LANE  
**City-St-Zip:** WEST PALM BEACH, FL 33415 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** JAMES H BOLDEN III

MGR

02/06/2006

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