2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000007039

1. Entity Name
PERFORMANCE PACKAGING, LLC

Principal Place of Business	Mailing Address
P.O. BOX 220	P.O. BOX 220
PAHOKEE, FL 33476	PAHOKEE, FL 33476

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
56-2501548	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NOWICKI, MARK J
480 MAPLEWOOD DRIVE, SUITE 2
JUPITER, FL 33458-5845

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HATTON, ROGER	
STREET ADDRESS	P.O. BOX 220	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	VSD	
NAME	ALLEN, PAUL	
STREET ADDRESS	13348 HWY 441 N	
CITY-ST-ZIP	CANAL POINT, FL 33438	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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04/09/07-80002-021 50.00

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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: _____   3/20/07   561-924-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #