

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047271

FILED
Feb 24, 2006
Secretary of State

Entity Name: PAPEL MEDIA LATIN AMERICA, LLC

Current Principal Place of Business:

2763 WOODGATE LANE #104
SARASOTA, FL 34231

New Principal Place of Business:

2149 HIBISCUS STREET
SARASOTA, FL 34239

Current Mailing Address:

2763 WOODGATE LANE #104
SARASOTA, FL 34231

New Mailing Address:

2149 HIBISCUS STREET
SARASOTA, FL 34239

FEI Number: 76-0795829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, KENT
2763 WOODGATE LANE #104
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

KIRSCHNER, KENT
2149 HIBISCUS STREET
SARASOTA, FL 34239 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:

02/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAINOR, JOHN
Address: 500 NORTH MICHIGAN AVE. SUITE 300
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: KIRSCHNER, KENT
Address: 2763 WOODGATE LANE #104
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KIRSCHNER, KENT
Address: 2149 HIBISCUS STREET
City-St-Zip: SARASOTA, FL 34239

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: KENT KIRSCHNER

MR

02/24/2006

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