

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000094044

1. Entity Name
PALM BEACH PAPERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 8:38

Principal Place of Business
115 EAST BOCA RATON ROAD
1
BOCA RATON, FL 33432 US

Mailing Address
115 EAST BOCA RATON ROAD
1
BOCA RATON, FL 33432 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

10302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1517126

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

RIEZINGER, LINDA G
2130 BETHEL BLVD
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name Suzanne Haynes

Street Address (P.O. Box Number is Not Acceptable)
6707 Calle Del Paz

City Boca Raton

FL

Zip Code 33433

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 *Shalise Demott*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DEMOTT, SHALISE H ☒ Delete
STREET ADDRESS 1989 N CONFERENCE DRIVE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE MGRM
NAME RIEZINGER, LINDA G ☒ Delete
STREET ADDRESS 2130 BETHEL BLVD
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Suzanne Haynes ☐ Change ☒ Addition
STREET ADDRESS Boca Raton, FL

TITLE ☐ Change ☐ Addition
NAME 900081826949
STREET ADDRESS 11/16/06--01007--011 **\$50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Linda Riezinger* (Linda Riezinger) 10/31/06 954-818-2281

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