

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000105514

1. Entity Name
ROSES SOUTHEAST PAPERS, LLC



Principal Place of Business
3401 ST JOHNS PKWY
SANFORD, FL 32771

Mailing Address
1701 2ND STREET, SW
ALBUQUERQUE, NM 87102

FILED
Apr 02, 2007 08:00 AM
Secretary of State



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3681217

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOONEY, STEPHEN R
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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 | MGRM |
| NAME | ESPAT, ROBERTO E |
| STREET ADDRESS | 1701 2ND STREET, SW |
| CITY-ST-ZIP | ALBUQUERQUE, NM 87102 |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Douglas Jenkins, CFO

3/26/07

505-842-0134

Date

Daytime Phone #