

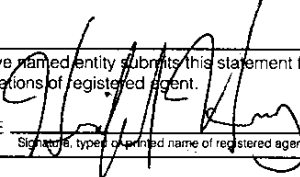
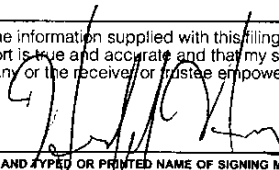


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90151 028 \*\*\*\*50.00

<b>DOCUMENT # L06000011921</b> 1. Entity Name <b>PAPER CHASERS, LLC</b>					
Principal Place of Business <b>4021 CHINOOK STREET TALLAHASSEE, FL 32303</b>			Mailing Address <b>4021 CHINOOK STREET TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box # <b>1602 W. Jefferson Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>300 Hilltop Drive</b> Suite, Apt. #, etc.			
City & State <b>Quincy, FL</b>		City & State <b>Midway, FL</b>		4. FEI Number <b>02-0770221</b>	
Zip <b>32351</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BETHEA, TORRIS 4021 CHINOOK STREET TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name <b>Harrisford Hemsley</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Hilltop Drive</b> City <b>Midway</b> <b>FL</b> Zip Code <b>32343</b>			
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  DATE <b>3/14/07</b> <small>Signers, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEMSLEY, HARRISFORD 2327 GARLAND COURT # 2 TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Hemsley, Harrisford 300 Hilltop Drive Midway, FL 32343</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BETHEA, TORRIS 4021 CHINOOK STREET TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>3/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					