2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L06000050271

Entity Name: PAPER PALM, LLC

Current Principal Place of Business:

916 LEE ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

916 LEE ROAD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 52-2109962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVANGIE, MICHAEL
916 LEE ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LEVANGIE, MICHAEL	
Address:	916 LEE ROAD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	MGRM	( ) Delete
Name:	LEVANGIE, RITA	
Address:	916 LEE ROAD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	MGRM	( ) Delete
Name:	NYE, LAURENCE	
Address:	916 LEE ROAD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	MGRM	( ) Delete
Name:	NYE, ANNA	
Address:	916 LEE ROAD	
City-St-Zip:	ORLANDO, FL 32810	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL LEVANGIE MGRM 01/20/2009

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