


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000272</b> 1. Entity Name PACKAGE A, L.C.	
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Principal Place of Business 1201 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address POST OFFICE BOX 1110 BRANDON, FL 33509
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3308810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD BRANDON, FL 33511
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCKNIGHT, WILLIAM D 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCKNIGHT, KATHRYN A 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCKNIGHT, ROBERT G 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCKNIGHT, WILLIAM P 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCKNIGHT, CHRISTINE E 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCKNIGHT, MICHELLE M 805 ARROWHEAD LANE BRANDON, FL 33511

<p>U00000300376 04/12/05-80017-019 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>x [Signature]</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date <i>4/7/05</i> Daytime Phone # <i>813-681-4879</i>