


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L95000000273 1. Entity Name PACKAGE B, 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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DO NOT WRITE IN THIS SPACE



04072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3308812	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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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, BRUCE E 805 ARROWHEAD LANE BRANDON, FL 33511

U00000300377
04/12/05-80017-020 50.00

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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)(f), 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: *x [Signature]* **4/7/05 813-681-4279**

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