

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

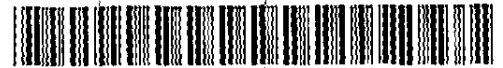
DOCUMENT # L95000000273

1. Entity Name
PACKAGE B, L.C.



Principal Place of Business
1201 OAKFIELD DRIVE
BRANDON, FL 33511

Mailing Address
POST OFFICE BOX 1110
BRANDON, FL 33509



04182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3308812

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$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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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, 2006

UD0000524434
05/03/06-80109-013 50.00

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

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IN THIS SPACE**

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: *X Wm Knight*

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

4/18/06 (813) 681-4279

Date

Daytime Phone #