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	Mailing Address
1201 OAKFIELD DRIVE BRANDON, FL 33511	POST OFFICE BOX 1110 BRANDON, FL 33509

04182006No 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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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

UD00000524434
05/03/06-80109-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCKNIGHT, WILLIAM D
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	M
NAME	MCKNIGHT, KATHRYN A
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	M
NAME	MCKNIGHT, ROBERT G
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	M
NAME	MCKNIGHT, CHRISTINE E
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	M
NAME	MCKNIGHT, MICHELLE M
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	M
NAME	MCKNIGHT, BRUCE E
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511

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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 McKnight 4/18/06 (813) 681-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #