
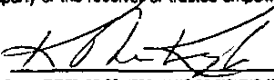


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90030 047 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L95000000273</b>		
1. Entity Name <b>PACKAGE B, L.C.</b>		
Principal Place of Business <b>1201 OAKFIELD DRIVE BRANDON, FL 33511</b>		Mailing Address <b>POST OFFICE BOX 1110 BRANDON, FL 33509</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04252007 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>59-3308812</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD BRANDON, FL 33511</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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, 2007</b>		
<b>B. MANAGING MEMBERS/MANAGERS</b>		
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	
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: 		5/29/07 681-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone