


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000342</b> 1. Entity Name THE PRINTERS SUPPLY COMPANY, L.C.	
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Principal Place of Business 4660 ASHTON ROAD SARASOTA, FL 34233	Mailing Address 4660 ASHTON ROAD SARASOTA, FL 34233
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**DO NOT WRITE IN THIS SPACE**



04292005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0592711	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WOMELDORPH, HOWARD R JR, CPA 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243	<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 file if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<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	MGRM MOUATT, DAVID J 4660 ASHTON ROAD SARASOTA, FL 34233
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05/09/05-80027-016 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)(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.

<b>SIGNATURE:</b> <u>DAVID JOHN MOUATT</u> <b>5/2/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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