


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002830 1. Entity Name SEVERE PAINTBALL L.C.	
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Principal Place of Business 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	Mailing Address 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0879052	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

GONTOVNIK, MIGUEL
 1301 SAWGRASS CORPORATE PARKWAY
 SUNRISE, FL 33323

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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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____

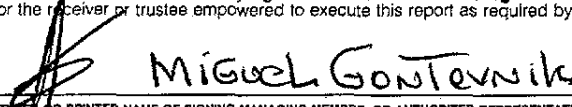
Filing Fee is \$50.00 Due by May 1, 2006

11000007404010
02/06/06-80030-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHARMINTER, INC. 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLYFLEX, INC. 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
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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:  Miguel Gontovnik 1/16/06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #