

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000397

FILED  
May 17, 2005  
Secretary of State

**Entity Name:** PYRAMID DISPLAYS & PACKAGING, LLC

**Current Principal Place of Business:**

1060 E. INDUSTRIAL DR., UNIT O  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1060 E. INDUSTRIAL DR., UNIT O  
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number:** 59-3564000      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATOS, MAGDALENA  
1060 E. INDUSTRIAL DR., UNIT O  
ORANGE CITY, FL 32763      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: ORTIZ, PEDRO A  
Address: 1464 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: MGR      ( ) Delete  
Name: MATOS, MAGDELENA  
Address: 1464 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAGDALENA MATOS

MGR

05/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date