## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# M02000002295

Entity Name: PAPER FIRST AFFILIATES, LLC

FILED Sep 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5950 HAZELTINE NATIONAL DRIVE SUITE 255 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

5950 HAZELTINE NATIONAL DRIVE SUITE 255 ORLANDO, FL 32822

FEI Number: 14-1806207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SCHWARTZ, CHUCK

CHICAGO, IL 60614

1880 WEST FULLERTON

Name:

Address:

City-St-Zip:

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/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SYKES, JERRY Name: Name: 76 FULLER ROAD Address: Address: ALBANY, NY 12205 City-St-Zip: City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition GREEN, STEVE Name: Name: Address: 26 TARA DRIVE Address: City-St-Zip: PEMBROKE, MA 02359 City-St-Zip: Title: MGR Title: () Change () Addition () Delete PATEL, NEAL Name: Name: 47030 CONRAD ANDERSON DR. Address: Address: City-St-Zip: HAMMOND, LA 70401 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition BANDY, PAM Name: Name: Address: PO BOX 546 Address: City-St-Zip: SALEM, IL 62881 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition LEVY, JERRY CRANE, DAVID L Name: Name: 3084 WINDMILL CANYON DRIVE 3650 NORTH GLOSTER STREET Address: Address: City-St-Zip: **TUPELO, MS 38804** City-St-Zip: CLAYTON, CA 94517 Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

BALL NORMAL

SANFORD, FL 32773

210 MAGNOLIA PARK TRAIL

SIGNATURE: NORMA L. BALL MGR 09/15/2008