

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002295

FILED
Apr 29, 2009
Secretary of State

Entity Name: PAPER FIRST AFFILIATES, LLC

Current Principal Place of Business:

5950 HAZELTINE NATIONAL DRIVE
SUITE 255
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5950 HAZELTINE NATIONAL DRIVE
SUITE 255
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 14-1806207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: SYKES, JERRY
Address: 76 FULLER ROAD
City-St-Zip: ALBANY, NY 12205

Title: MGR () Delete
Name: GREEN, STEVE
Address: 26 TARA DRIVE
City-St-Zip: PEMBROKE, MA 02359

Title: MGR () Delete
Name: PATEL, NEAL
Address: 47030 CONRAD ANDERSON DR.
City-St-Zip: HAMMOND, LA 70401

Title: MGR () Delete
Name: BANDY, PAM
Address: PO BOX 546
City-St-Zip: SALEM, IL 62881

Title: MGR () Delete
Name: CRANE, DAVID L
Address: 3084 WINDMILL CANYON DRIVE
City-St-Zip: CLAYTON, CA 94517

Title: MGR () Delete
Name: BALL, NORMA L
Address: 210 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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 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.

SIGNATURE: NORMA L. BALL

MGR

04/29/2009

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