

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002295

**FILED**  
**Apr 30, 2010**  
**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 ( )**

**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  
Name: SYKES, JERRY  
Address: 76 FULLER ROAD  
City-St-Zip: ALBANY, NY 12205

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

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

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

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

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

I hereby 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

04/30/2010

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