## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2006 08:00 AN Secretary of State

| ANNUAL REPORT  |  |    | Secretary of State            |
|--|--|----|-------------------------------|
| 1. Entity Nan  | MENT # M0400004045 PRN SOURCE PACKAGING, LLC   |    | Secretary or State            |
| Principel Place of Business Mailing Address  2808 NEW TAMPA HIGHWAY 2808 NEW TAMPA HIGHWAY LAKELAND, FL 33815 - LAKELAND, FL 33815   |  |    |                               |
| DO NOT WRITE IN THIS SPA   |  | CE | 03212006 No Chg-LLC           |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  |  |    | DO NOT WRITE<br>IN THIS SPACE |
| 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  Signature typed or printed name of registered agent and little if exportable (INOTE Registered Agent signature required when reinstating)  Table by May 1, 2006 |  |    |                               |
| 9. THE NAME STREET AUDITESS CITY-ST-ZIP  | MANAGING MEMBERS/MANAGERS  MGR SCHWARTZ PARTNERS, L.P. 7275 WOODLAND DRIVE, STE 200 INDIANAPOLIS, IN 46278 |    | 04/11/06-80036-016 50.0       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE  |  |    | DO NOT WRITE<br>IN THIS SPACE |

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS GITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/06 413-685-7071

Oaynme Phone #