

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005742

FILED  
May 01, 2008  
Secretary of State

Entity Name: EXOPACK KEY HOLDINGS, LLC

**Current Principal Place of Business:**

3070 SOUTHPORT RD  
SPARTANBURG, SC 29302

**New Principal Place of Business:**

**Current Mailing Address:**

3070 SOUTHPORT RD  
SPARTANBURG, SC 29302

**New Mailing Address:**

FEI Number: 20-3578508      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:**

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: TERRY, CLARENCE E  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: SKILLEN, LYNN  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: CALHOUN, KEVIN  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: KNOTT, JACK  
Address: 3070 SOUTHPORT RD  
City-St-Zip: SPARTANBURG, SC 29302

**ADDITIONS/CHANGES:**

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

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

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 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: ANNE MEYER

POA

05/01/2008

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