


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

APPROVED  
AND  
FILED

97 AUG 25 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M96000000183**

**FLORIDA COAST PAPER COMPANY, L.L.C.**  
600 U.S. HIGHWAY 98  
PORT ST. JOE FL 32456

1a. Principal Place of Business Address

600 U.S. HIGHWAY 98  
PORT ST. JOE FL 32456

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/23/1996	DE
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
APPLIED FOR	
5. Date of Last Report	6. Certificate of Status Desired
	\$0.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**CORPORATION SERVICE , COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. **600002277028-1**

City **FL**

Zip Code **08/26/97-01011-028**  
**\*\*\*\*588.75 \*\*\*\*588.75**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WRIGHT, HAROLD D	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	STONE, ROGER W	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	BROOKSTONE, ARNOLD F	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	MEHIEL, DENNIS	115 STEVENS AVENUE	VALHALLA NY
MGRM	MEHIEL, CHRIS	115 STEVENS AVENUE	VALHALLA NY
MGRM	MCMILLIN, TIMOTHY D	115 STEVENS AVENUE	VALHALLA NY

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  8/19/97