

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000149

FILED
May 09, 2006
Secretary of State

Entity Name: ASSOCIATED SALES GROUP, L.C.

Current Principal Place of Business:

165 KRISTI DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

165 KRISTI DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3552167 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:

Name and Address of New Registered Agent:

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: PORTOLA PACKAGING, I, NC.
Address: 890 FAULSTICH COURT
City-St-Zip: SAN JOSE, CA 95112

Title: MGR () Delete
Name: FRITZ, ROBERT A
Address: 777 NORTH HIGHWAY A1A, SUITE 202
City-St-Zip: INDIATLANTIC, FL 32903

Title: MGR () Delete
Name: KUEHN, SCOTT D
Address: 777 NORTH HIGHWAY A1A, SUITE 202
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FRITZ, ROBERT A
Address: 165 KRISTI DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR (X) Change () Addition
Name: KUEHN, SCOTT D
Address: 165 KRISTI DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A. FRITZ

MANA

05/09/2006

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