
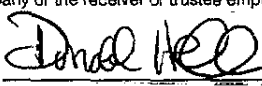


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Aug 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # M99000000514		
1. Entity Name STRATEGIC PAPER GROUP, L.L.C.		
Principal Place of Business 14 PENN PLAZA, W. 34TH STREET SUITE 1407 NEW YORK, NY 10122-1205	Mailing Address 14 PENN PLAZA, W. 34TH STREET SUITE 1407 NEW YORK, NY 10122-1205	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELLER, DONALD 711 WESTCHESTER AVE WHITE PLAINS, NY 10604	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I 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 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.		
SIGNATURE: 		2/1/05 (212) 352 0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



06302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4037503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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08/16/05-80002-007 55.00