

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # B02000000232 1. Entity Name CONSOLIDATED CONTAINER COMPANY LP	
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Principal Place of Business 3101 TOWERCREEK PARKWAY, SUITE 300 ATLANTA, GA 30339	Mailing Address 10861 MILL VALLEY RD. OMAHA, NE 68154
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 06-1056158	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.	

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M02000001741
NAME	PLASTIC CONTAINERS LLC
STREET ADDRESS	3101 TOWERCREEK PARKWAY, SUITE 300
CITY-ST-ZIP	ATLANTA, GA 30339
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000680735
04/04/07-80014-005 500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **DAVID OLSON** **3-20-07** **402-934-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE