2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005642 AT

DOCUMENT # B02000000232

1. Entity Name
CONSOLIDATED CONTAINER COMPANY LP

FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3101 TOWERCREEK PARKWAY, SUITE 300
ATLANTA GA 30339

Mailing Address
3101 TOWERCREEK PARKWAY, SUITE 300
ATLANTA GA 30339

4/30

2. Principal Place of Business	3. Mailing Address
	10861 Mill Valley Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Omaha NE
Zip / Country	Zip: 68154 / Country: US

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

9. Capital Contributions as Shown on record. $0.05

10. Amount of Capital Contributions in FLORIDA to date. $0.05

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M02000001741	STREET ADDRESS	~~04/30/03--01075--009 **141.25~~
NAME	PLASTIC CONTAINERS LLC		
STREET ADDRESS	3101 TOWERCREEK PARKWAY, SUITE 300	CITY-ST-ZIP	400017584464 04/30/03--01075--009 **141.25
CITY-ST-ZIP	ATLANTA GA 30339		
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CR2E003 (10/02)

STAPLE CHECK HERE

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

SIGNATURE: SIGNATURE REQUIRED (signed) 4-21-03 402-934-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #