


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90013 037 ****50.00

DOCUMENT # L0100002805
1. Entity Name
AUTOMATED PACKAGING TECHNOLOGIES, LLC



Principal Place of Business
4217 SUNNYBROOK WAY, NO. 205
WINTER SPRINGS, FL 32708

Mailing Address
4217 SUNNYBROOK WAY, NO. 205
WINTER SPRINGS, FL 32708

2. Principal Place of Business
4201 Sunny Brook Way
Suite, Apt. #, etc.
201
City & State
Winter Springs FL

3. Mailing Address
5703 RED BUCKLE Lake Rd
Suite, Apt. #, etc.
415
City & State
Winter Springs FL

Zip 32708 Country USA

Zip 32708 Country USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ESTEVEZ, ENRIQUE G ESQ.
265 S. ORANGE AVE., STE. 1401
ORLANDO, FL 32802-3791

4. FEI Number
59-3710635

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	STAMOS, STEFANOS	4217 SUNNYBROOK WAY, NO. 205	WINTER SPRINGS, FL 32708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4201 Sunny Brook Way, No. 201	Winter Springs FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	Rae Ann LaPierre	1349B W. Fowler Dr	DELTONA FL 32725	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Stefanos Stamos Stefanos Stamos President 3/05/03 407-341-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)