


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 002 ****50.00

DOCUMENT # L01000002805 1. Entity Name AUTOMATED PACKAGING TECHNOLOGIES, LLC					
Principal Place of Business 4201 SUNNY BROOK WAY 201 WINTER SPRINGS, FL 32708			Mailing Address 4201 SUNNY BROOK WAY 201 WINTER SPRINGS, FL 32708		
2. Principal Place of Business 128 W. Broadway St		3. Mailing Address 5703 Red Bug Lake Rd		 01082004 Chg-LLC CR2E083 (10/03) 4. FEI Number 59-3710635 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 415			
City & State Orlando FL		City & State Winter Springs FL			
Zip 32765		Zip 32708			
6. Name and Address of Current Registered Agent ESTEVEZ, ENRIQUE G ESQ. 255 S. ORANGE AVE., STE. 1401 ORLANDO, FL 32802-3791				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAMOS, STEFANOS 4201 SUNNYBROOK WAY NO. 201 WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14063 Deep Lake Dr Orlando FL 32826	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA PIERRE, RAE ANN 1349 B W. FOWLER DR DELTONA, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Rae Ann LaPierre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				01-11-04 386-747-0486 Date Daytime Phone #	