2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023951

1. Entity Name FT. PIERCE CONTAINERS, LLC

FILED Mar 18, 2004 08:00 AM **Secretary of State**

Principal Place of Business FT PIERCE CONTAINERS, LLC. 1111 BRICKELL AVE STE 1109 MIAMI, FL 33131

Mailing Address

FT. PIERCE CONTAINERS,LLC P.O. BOX 491230 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 11-3673796

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, JOSE A 1111 BRICKELL AVE STE 1109 MIAMI, FL 33131

TITLE NAME

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.				
	Signature, typed or printed name of registered agent and sile if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004		000000092053 03/18/04-80034-006 150.80	
9.	MANAGING MEMBERS/MANAGERS		3,000	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD HERRERA, JOSE 1111 BRICKELL AVE STE 1109 MIAMI, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-71P			·	

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STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

11. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

3-10-04 305-274-5555