

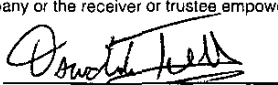


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023951 1. Entity Name FT. PIERCE CONTAINERS, LLC						FILED 05 FEB 17 PM 1:15 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA																					
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 BISCAVNE, FL 33149																							
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
6. Name and Address of Current Registered Agent RUIZ, JOSE A 1111 BRICKELL AVE STE 1109 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name TORRES, Raul Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Ave Ste 1109 City MIAMI FL Zip Code 33131																							
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, 2005				Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PD HERRERA, JOSE</td> <td>1111 BRICKELL AVE STE 1109</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		PD HERRERA, JOSE	1111 BRICKELL AVE STE 1109	MIAMI, FL 33131		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>MORAN TORRES, OSWALDO</td> <td>1111 Brickell Ave Ste 1109</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		MORAN TORRES, OSWALDO	1111 Brickell Ave Ste 1109	MIAMI, FL 33131	
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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:  / OSWALDO TORRES				Date 2-9-05		Daytime Phone # (796) 205-6908																					