


Amended LLC

UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048672	
1. Entity Name ACN-LOGISTICS, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12200 W COLONIAL DRIVE		3. Mailing Address 12200 W COLONIAL DRIVE	
Suite, Apt. #, etc. SUITE 302		Suite, Apt. #, etc. SUITE 302	
City & State WINTER GARDEN, FL		City & State WINTER GARDEN, FL	
Zip 34787	Country USA	Zip 34787	Country USA

4. FEI Number 200774534		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name J. Michael Murphy	
Street Address (P.O. Box Number is Not Acceptable) 12200 W. COLONIAL DRIVE	
City WINTER GARDEN	FL Zip Code 34787

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 obligation of, registered agent.

SIGNATURE 	Signature of principal or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)	DATE
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January 1 - May 1 Fee is \$180.00 After May 1, Fee is \$500.00 Renewed UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME J. Michael Murphy	TITLE	
STREET ADDRESS 12200 W COLONIAL DRIVE	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN, FL 34787	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Member	NAME AMERICAN CONTAINER	TITLE	
STREET ADDRESS Not INC OWNER	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP same Address	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
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TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all that I am empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Michael Murphy	Date 6/9/05	Daytime Phone #
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