

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037340

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: CAPE KENNEDY PLASTICS, L.L.C.

**Current Principal Place of Business:**

5055 STATE ROAD 46  
MIMS, FL 32754 US

**New Principal Place of Business:**

**Current Mailing Address:**

5055 STATE ROAD 46  
MIMS, FL 32754 US

**New Mailing Address:**

FEI Number: 34-2030844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M ESQ  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MANDISH, THEODORE O  
Address: 5055 STATE ROAD 46  
City-St-Zip: MIMS, FL 34754 US

Title: MRG ( ) Delete  
Name: SWITZLER, TOM  
Address: 800 E. MELBOURNE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANDISH, THEODORE O  
Address: 5055 STATE ROAD 46  
City-St-Zip: MIMS, FL 34754 US

Title: MGRM (X) Change ( ) Addition  
Name: SWITZLER, TOM  
Address: 800 E. MELBOURNE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THEODORE O MANDISH

MGRM

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date