


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 17 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002555 CONTAINER SOLUTIONS, LLC 145 FOUR POINTS WAY TALLAHASSEE FL 32310	1a. Principal Place of Business Address 145 FOUR POINTS WAY TALLAHASSEE FL 32310
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2. Principal Place of Business 611 Brightwaters Blvd., NE Suite, Apt. #, etc.	2a. Mailing Address 611 Brightwaters Blvd., NE Suite, Apt. #, etc.	3. Date Organized or Qualified 11/02/1998	3a. State of Formation FL
City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-3550782	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33704	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent PRAHL, JOHN T ESQ 2801 PONCE DE LEON BLVD., SUITE 1155 CORAL GABLES FL 33134	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a Proprietor)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TREVATHAN, BEN D	611 BRIGHTWATERS BLVD., N.	ST PETERSBURG FL 000002820650--6 -03/26/99--01115--009 ****197.50 ****197.50 SL 3-24-99

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Ben D. Trevathan* **3/11/99 727-822-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGER OR MANAGER MANAGER