


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000001862</b> 1. Entity Name PACKAGING CENTER INTERNATIONAL, L.L.C.	
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Principal Place of Business 7842 NW 71 STREET MIAMI, FL 33166	Mailing Address 7842 NW 71 STREET MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0930795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LAMUS, EDUARDO 7845 NW 71ST ST MIAMI, FL 33165
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000153223  
05/04/04-80117-017 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANQUICIA COLOMBIANA DE EMPAQUES LTDA AV13 NO. 91-29, SANTA FE DE BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTERO, ALEXANDRA AV13 NO. 91-29, SANTA FE DE BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMUS, EDUARDO M 7842 NW 71ST ST MIAMI, FL 33166
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:**

*Eduardo Montague*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-30-04 305 591 2427

Date

Daytime Phone #