FILED
Jul 13, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M94000000167

1. Entity Name
ESSEX PLASTICS MIDWEST, LLC, L.C.

Principal Place of Business	Mailing Address
1105 VISCO DRIVE NASHVILLE, TN 37210	1531 NW 12TH AVE. POMPANO BCH, FL 33069

07012004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3273183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ESSEX PLASTICS, INC.
1531 N.W. 12TH AVENUE
POMPANO BEACH, FL 33069

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	STEVENSON, BRIAN
STREET ADDRESS	1531 N.W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 330691730
TITLE	MGRM
NAME	STRANDBERG, ED
STREET ADDRESS	1531 N.W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 330691730
TITLE	MGRM
NAME	SCHAEFER, DAVE
STREET ADDRESS	1531 N.W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 330691730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000166035
07/13/04-80007-021 50.00

DO NOT WRITE 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)(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: Dave Schaefer Dave Schaefer, CFO 7/1/04 (954)941-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #