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 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplement \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STANDARD TO STANDARD							SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR I I AM IO: 57			
IFCO-U.S., L.L.C. 5401 W. KENNEDY BLVD. SUITE 711 TAMPA FL 33609							1a. Principal Place of Business Address 5401 W. KENNEDY BLVD. SUITE 711 TAMPA FL 33609			
2 Principal Place of Business			2a. Mailir	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation			ormation
Suite, Apt.	#, etc.		Suite, Apt	t. #, etc.			03/19/		DE	
				Suite Paper Paper			4. FEI Numbe	r		Applied For
City & State			City & Sta	City & State			59-3344620 Not Applicable			Not Applicable
Zip		Country	Zip	Count		rv	5. Date of Las	t Report	6. Certificate o	f Status Desired
- Parish			-		100000		03/05/1998		\$8.75 Additional	Fee Required
	7. Name	and Address of C	Current Registered	Agent	gent		Name and Addre	ess of New Regis	stered Agent/Off	ice
HUMPHRIES, GREGORY J 20 N. ORANGE AVE., SUITE 1000 C/O SHUTTS & BOWEN ORLANDO FL 32801						Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, etc. City Zip Code				
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 (Registered Agent Accepting Appendinger) (ICPL) Begistered Agent signature						to response Latiens respect tha	ogt	DATE		· · · · · · · · · · · · · · · · · · ·
10. Title Managing Members/Managers					Business Street Address			City	, State and Zip C	ode
MGR		, LLOYD W				ENNEDY B	11	01010102 -03/11 ****	2 8061 5/99 - 011 188, 75 *	***188.75
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther 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:

INHSE10 R (12-98)