


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # M96000000089		
1. Entity Name REUSABLE CONTAINER COMPANY, LLC		
Principal Place of Business 5401 W. KENNEDY BLVD. SUITE 711 TAMPA, FL 33609	Mailing Address 5401 W. KENNEDY BLVD. SUITE 711 TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEECHER, DAVID R JR. 5401 WEST KENNEDY BLVD., SUITE 711 TAMPA, FL 33609		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. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEECHER, DAVID R JR. 5401 W. KENNEDY BLVD., SUITE 711 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMLIN, RICHARD D 5401 W KENNEDY BLVD., STE. 711 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Richard Hamlin</i></u> RICHARD HAMLIN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3344620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

1100000423348
02/18/06-80004-011 50.00

**DO NOT WRITE
IN THIS SPACE**

01/24/06

813 287 8140

Date

Daytime Phone #