



FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90341 047 ****55.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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			
2. Principal Place of Business - No. P.O. Box # 4343 Anchor Plaza Parkway Suite, Apt. #, etc. Suite 230 City & State Tampa, FL Zip 33634-7537 Country USA		3. Mailing Address 4343 Anchor Plaza Pkwy Suite, Apt. #, etc. Suite 230 City & State Tampa, FL Zip 33634-7537 Country USA		40097734  03142007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3344620		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BEECHER, DAVID R JR. 5401 WEST KENNEDY BLVD., SUITE 711 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name: Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 135 Office Plaza Dr. Suite A City: Tallahassee FL Zip Code: 32301		
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: <u>Coyle Wendle</u> asst sec DATE: 3-14-07 <small>(NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEECHER, DAVID R JR. 5401 W. KENNEDY BLVD., SUITE 711 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMLIN, RICHARD D 5401 W KENNEDY BLVD., STE. 711 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 609, Florida Statutes.					
SIGNATURE: <u>[Signature]</u>		Date		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					