

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -5 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000001000**

1. Entity Name  
**CONSOLIDATED CONTAINER COMPANY LLC**

Principal Place of Business  
2515 MCKINNEY AVENUE, SUITE 850  
DALLAS TX 75201

Mailing Address  
2515 MCKINNEY AVENUE, SUITE 850  
DALLAS TX 75201-1993



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**10861 Mill Valley Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Omaha, NE**

4. FEI Number  
**75-2825338**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**68154**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM  
CONSOLIDATED CONTAINER HOLDINGS LLC**  
STREET ADDRESS **2515 MCKINNEY AVENUE, SUITE 850**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE NAME  Change  Addition  
**See attached**

TITLE NAME  Delete

TITLE NAME  Change  Addition  
**100003274831  
-06/02/00--01043--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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: *Brian Ketchum* **SIGNATURE REQUIRED** **BRIAN KETCHUM** 4/27/00 (402)934-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CFE2E083 (9/99)