Entity Nam			()4± #±	<b>.</b>			
NATIONA	L RESOURCE RECOVERY LTD.	£7			F	ILED	
Principal Place	e of Business	Mailing Address			O1 AUG	31 PM 12: 17	
3250 FIELD RD. DAVIE FL 33329-2037		P.O. BOX 292037 DAVIE FL 33329-2037		SECRET TALLAH	ARY OF STATE Assee, Florida	EDIZ BURUL OLOK OKRIL OKRIL KODI, sa s	
 2. Principal P	and the second s	3. Mailing Address	. —	~ * <u>~</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
		•		4. FEI Number Applied For			
City & State		City & State		4. FERNOMOEI	59-2640342	Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of		\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	dress of New Registered	Agent
PORTLEY, PETER A.  2211 E Sample Road # 204  121 3/1 house Point A. 33064				Street Addres	ess (P.O. Box Number is Not Acceptable)		
1. 1. 9	hi house Poin	F. A. 33061	Y	City		FL	Zip Code
	named entity submits this statement	for the purpose of changing i	its register	red office or regis	stered agent, or both,	in the State of Florida.	
	Signature, typed or printed name of registered ager			ed Agent signature requ	uired when reinstating)	DATE	TO DEDT OF STATE
9. Capital Co as Shorn	on record. 40,000	10. Amount of Cap in FLORIDA to	oital Contri date.	ibutions	ISTERED AND AC	11. MAKE CHECK PAYABLI SEE REVERSE SIDE FO TIVE WITH THIS OFFICE	DR FEE INFORMATION
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED COPPRINTED NAME OF SIGNING GENERAL PARTINER

43001

Daytime Phone #