


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90144 045 \*\*\*\*55.00

**DOCUMENT # L04000061187**

1. Entity Name  
**COASTLINE RECYCLING, LLC**



Principal Place of Business  
**6175 N.W. 167 STREET**  
**G-24**  
**MIAMI, FL 33015 US**

Mailing Address  
**6175 N.W. 167 STREET**  
**G-24**  
**MIAMI, FL 33015 US**

**60025556**



2. Principal Place of Business - No P.O. Box #  
**9200 S. Dadeland Blvd #508**

3. Mailing Address  
**P.O. Box 17-0938**

Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, FL**

City & State  
**Hialeah FL 33017**

Zip  
**33156** Country  
**USA**

Zip  
**33017** Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IBARRA, EDUARDO M**  
**6175 N.W. 167 STREET**  
**G-24**  
**MIAMI, FL 33015**

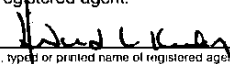
7. Name and Address of New Registered Agent

Name **Howard Koker, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**9200 S. Dadeland Blvd #508**

City **Miami** State **FL** Zip Code **33156**

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  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

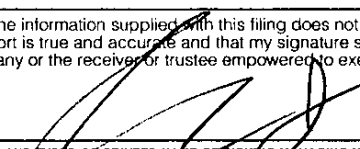
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	IBARRA, EDUARDO M	6175 N.W. 167 STREET SUITE G-24	MIAMI, FL 33015	<input type="checkbox"/>
MGRM	SCHANK, JOAN D.	6175 NW 167 STREET	MIAMI, FL 33015	<input type="checkbox"/>
MGRM	SPERLING, BENJIE	6175 NW 167 STREET	MIAMI, FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		P.O. Box 17-0938	Hialeah, FL 33017	<input checked="" type="checkbox"/>
		P.O. Box 17-0938	Hialeah, FL 33017	<input checked="" type="checkbox"/>
		P.O. Box 17 0938	Hialeah, FL 33017	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:  Date **3-10-07** Daytime Phone # **305 992 7503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE