2005 LIMITED LIABILITY COMPANY

FILED M

ANNUAL REPORT				Feb 21, 2005 08:00 A	
DOCU	IMENT # L990000	05865		Secretary of State	
1. Entity Nat FRIEND	S RECYCLING, L.L.C.				,
2350 N.W.	Principal Place of Business 2350 N.W. 27TH AVE. 0CALA, FL 34475 Mailing Address 2350 N.W. 27TH AVE. 0CALA, FL 34475			1	MENNY MINEY MANGKANANA WITHOU (M. 1969)
		TE IN THIS SPA	ACE	01192005 No Chg-LLC (4. FEI Number 59-3598319 5. Certificate of Status Desired [CR2E083 (10/03) Applied For Not Applicable
	6. Name and Address of Curi	rent Registered Agent	-	• •	
ZALAK, CARL 3250 SW 31TH ST. OCALA, FL 34471				DO NOT WRI	
	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE		igent and tile if applicable. (NOTE: Regist	ered Agant signature required	when reinstating)	DATE
F	iling Fee is \$50.00 Due by May 1, 2005		U00000237986 02/21/05-80077-012 50.00		
9.		MBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR ZALAK, CARL 3250 SW 31TH ST. OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO NOT WR	ITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME				• •	

11. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

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

Daylima Phone #