

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009154

FILED
Apr 09, 2004
Secretary of State

Entity Name: BEAST RECYCLING EQUIPMENT, LLC

Current Principal Place of Business:

4760 TAYLOR ROAD
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

4760 TAYLOR ROAD
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1120640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DUCH, MIKE
Address: 710 SALMON CREEK ROAD
City-St-Zip: TOLEDO, WA 98591

Title: MGR () Delete
Name: MOREY, JERRY
Address: 1126 FAIRWAY DR.
City-St-Zip: WEIDMAN, MI 48893

Title: MGR (X) Delete
Name: DUCH, RACHELLE
Address: 8529 GEWANT BLVD.
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOREY, JERRY
Address: 1126 FAIRWAY DR.
City-St-Zip: WEIDMAN, MI 48893

Title: MGR (X) Change () Addition
Name: DUCH, RACHELLE
Address: 8529 GEWANT BLVD
City-St-Zip: PUNTA GORDA, FL 33982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RACHELLE DUCH

MGR

04/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date