

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041931

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** CHARITY CARTRIDGE RECYCLING, LLC

**Current Principal Place of Business:**

1030 LAKE ROGERS BOULEVARD  
OVIEDO, FL 32765

**New Principal Place of Business:**

1320 MACTAVANDASH DR  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 621073  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, WINDSOR  
1030 LAKE ROGERS BOULEVARD  
OVIEDO, FL 32765    US

**Name and Address of New Registered Agent:**

HALL, WINDSOR  
1320 MACTAVANDASH  
OVIEDO, FL 32765    US

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: \_\_\_\_\_

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:            MGR            ( ) Delete  
Name:           HALL, WINDSOR L  
Address:        1030 LAKE ROGERS BLVD.  
City-St-Zip:    OVIEDO, FL 32765 US

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:           HALL, WINDSOR L  
Address:        1320 MACTAVANDASH DR  
City-St-Zip:    OVIEDO, FL 32765 US

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: WINDSOR L HALL

MGR

04/30/2005

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