2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044414

1. Entity Name
TAMPA BAY CHARITY CARTRIDGE RECYCLING, LLC

Principal Place of Business	Mailing Address
2115 CLIMBING IVY DRIVE TAMPA, FL 33618	2115 CLIMBING IVY DRIVE TAMPA, FL 33618

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09062005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
77-0613607	Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, STANLEY A
2115 CLIMBING IVY DR
TAMPA, FL 33618

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 7, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	ST
NAME	SCHWARTZ, BARBARA
STREET ADDRESS	2115 CLIMBING IVY DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P
NAME	SCHWARTZ, STANLEY A
STREET ADDRESS	2115 CLIMBING IVY DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: _____ STANley A. Schwartz 9/13/05 (813)545-6971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #