


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
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60025556



2. Principal Place of Business - No P.O. Box # 9200 S. Dade Blvd #508	3. Mailing Address P.O. Box 17-0938
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01162007 Chg-LLC CR2E083 (12/06)

City & State Miami, FL	City & State Hialeah FL 33017
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip 33156	Country USA	Zip 33017	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent IBARRA, EDUARDO M 6175 N.W. 167 STREET G-24 MIAMI, FL 33015	
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7. Name and Address of New Registered Agent Name <u>Howard Koker, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>9200 S. Dade Blvd #508</u> City <u>Miami</u> FL Zip Code <u>33156</u>	
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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 <u>Howard Koker</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IBARRA, EDUARDO M 6175 N.W. 167 STREET SUITE G-24 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>P.O. Box 17-0938</u> <u>Hialeah, FL 33017</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHANK, JOAN D 6175 NW 167 STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>P.O. Box 17-0938</u> <u>Hialeah, FL 33017</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPERLING, BENJIE 6175 NW 167 STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>P.O. Box 17 0938</u> <u>Hialeah, FL 33017</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3-10-07</u>	Daytime Phone # <u>305 992 7503</u>
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