

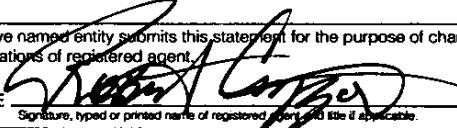
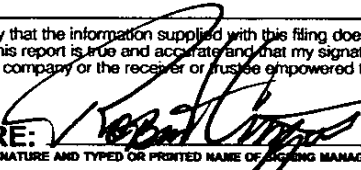


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90346 023 ****50.00

DOCUMENT # L06000087282					
1. Entity Name SOUTHERN RECYCLING EQUIPMENT SALES, LLC					
Principal Place of Business 11706 SARATOGA RIDGE DR. LOUISVILLE, KY 40299			Mailing Address 11706 SARATOGA RIDGE DR. LOUISVILLE, KY 40299		
2. Principal Place of Business - No P.O. Box # 531 Lexi Lane		3. Mailing Address 531 Lexi Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042007 Chg-LLC CR2E083 (12/06)	
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-5408112	
Zip 33809		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name: Cuzzort, Robert Street Address (P.O. Box Number is Not Acceptable): 531 Lexi Lane City: Lakeland, FL FL Zip Code: 33809		
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: 		Robert Cuzzort 4/3/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME CUZZORT, ROBERT STREET ADDRESS 11706 SARATOGA RIDGE DR. CITY-ST-ZIP LOUISVILLE, KY 40299	<input type="checkbox"/> Delete		TITLE mgr NAME Cuzzort, Robert STREET ADDRESS 531 Lexi Lane CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE mgr NAME Cuzzort, Susan STREET ADDRESS 531 Lexi Lane CITY-ST-ZIP Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" 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	
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: 		Robert Cuzzort 4/3/07 863-393-5672			