2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2006 8:00 am DOCUMENT # M04000000702 Secretary of State FLORIDA SHINGLE RECYCLING, LLC 01-31-2006 90026 047 ****50.00 Mailing Address Principal Place of Business 5916 21ST STREET EAST 5916 21ST STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 PUSEUV 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0796581 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code B. 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 it applicable. (NOTE: Registered Agent signalura required when reinstaling) DATE Make check payable to Filing Fee is \$50.00 ٠, Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete ☐ Change ■ Addition HALE, RANDALL B NAME NAME STREET ADDRESS 1505 HIGHWAY 6 SOUTH, SUITE 100 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77077 CITY-ST-ZIP MGR Detele TITLE ☐ Change Addition TITLE CORLEY, I.T. NAME 1505 HIGHWAY 6 SOUTH, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77077 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition BUCEY, CURTIS R NAME NAME STREET ASORESS 1505 HIGHWAY 6 SOUTH, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-5T-70 HOUSTON, TX 77077 TITLE Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP 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 tegal effect as if made under oath; that I am a managing member or manager of the limited liability company getter esseiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CURTIS

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

-20-06

281-966-5700

FILED