


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000295 REGIONAL RECYCLING LLC 3940 MONTCLAIR ROAD, SUITE 300 BIRMINGHAM AL 35213		1a. Principal Place of Business Address 3940 MONTCLAIR ROAD, SUITE 3 BIRMINGHAM AL 35213	
2. Principal Place of Business 906 ADAMSON ST Suite, Apt. #, etc. City & State ATLANTA GA Zip 30305 Country USA	2a. Mailing Address 906 ADAMSON ST Suite, Apt. #, etc. City & State ATLANTA GA Zip 30305 Country USA	3. Date Organized or Qualified 03/26/1998	3a. State of Formation AL
		4. FEI Number 63-1197306 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		5. Date of Last Report	8. Certificate of Status Desired SA /s/ Additional Fee Required <input type="checkbox"/>
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MILLER, HERBERT	3940 MONTCLAIR ROAD, SUITE	BIRMINGHAM AL 900003034269--6 -11/03/99--01079--012 ****588.75 ****588.75 42
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Thomas B. Harris 9/28/99 44-8363230 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # Herbert Miller HERBERT MILLER			