2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A29046

1. Entity Name
JONES ROAD LANDFILL AND RECYCLING, LTD.

FILED
2004 SEP -9 P 3:53
SECRETARY OF STATE
TALLAHASSEE

09022004 Chg-LP CR2E003 (10/03)

Principal Place of Business	Mailing Address
15880 NORST GREENWAY-HAYDEN LOOP SUITE #100 SCOTTSDALE, AZ 85260 US	15880 NORTH GREENWAY-HAYDEN LOOP SUITE #100 SCOTTSDALE, AZ 85260 US

2. Principal Place of Business	3. Mailing Address
3400 Jones Road	1122 International Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 601
City & State Jacksonville, Florida	City & State Burlington, Ontario
Zip / Country 32220 / USA	Zip / Country L7L 6Z8 / Canada

4. FEI Number
59-2970819
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$7,464,460.00	$5,036,904	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F03000006106	STREET ADDRESS	1122 International Blvd., Suite 601
NAME	JACKSONVILLE FLORIDA LANDFILL, INC.	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
STREET ADDRESS	1005 SKYVIEW DRIVE, SUITE 221		
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400041326154
NAME		CITY-ST-ZIP	09/24/04--01070--006 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ivan R. Cairns Ivan R Cairns September 6, 2004 905-319-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #