2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:42

DOCUMENT # A29046

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

Principal Place of Business	Mailing Address
3400 JONES ROAD JACKSONVILLE, FL 32220 US	1122 INTERNATIONAL BLVD., SUITE 601 BURLINGTON, ONTARIO, L7L 6Z8 CANADA, XX

04062006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
5002 T-Rex Avenue	
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Boca Raton Florida	City & State
Zip: 33431 Country: USA	Zip Country

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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	
NAME	JACKSONVILLE FLORIDA LANDFILL, INC.	CITY-ST-ZIP	
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601		
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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 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 April 7, 2006 905-319-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #