#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

### FILED Mar 01, 2007 08:00 AM Secretary of State

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1. Entity Name

JONÉS ROAD LANDFILL AND RECYCLING, LTD.



Principal Place of Business

5002 T-REX AVENUE

SUITE 200

BOCA RATON, FL 33431 U

Mailing Address

1122 INTERNATIONAL BLVD., SUITE 601 BURLINGTON, ONTARIO, L7L 6Z8

CANADA, XX



### DO NOT WRITE IN THIS SPACE

01222007 No Chg-LP

CR2E003 (12/06)

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 accepted obligations of registered agent.	∌pt
9	GNATI IRF	

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

		NOTE: General Partners MAY NOT be changed on the
	12.	GENERAL PARTNER INFORMATION
	DOCUMENT /	F03000006106
ļ	NAME	JACKSONVILLE FLORIDA LANDFILL, INC.
	STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601
ı	CITY-ST-ZIP	BURLINGTON ONTARIO CANADA,
1	DOCUMENT /	
1	NAME	
ł	STREET ADDRESS	
١.	CITY-ST-ZIP	
ĺ	DOCUMENT #	
١	NAME	
l	STREET ADDRESS	
l	CITY-ST-ZIP	

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

DATE

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP

tran Klani

IVAN R. CAIRNS - VP Feb. 28, 2007

905-319-1237

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone €