


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90019 020 \*\*\*\*50.00

20056181



DOCUMENT # M02000000920			
1. Entity Name OMNI WASTE OF OSCEOLA COUNTY LLC			
Principal Place of Business 1501 OMNI WAY ST. CLOUD, FL 34773		Mailing Address 1122 INTERNATIONAL BLVD SUITE 601 BRULINGTON ONTARIO CANADA L7L 6Z8, XX	
2. Principal Place of Business		3. Mailing Address 1122 INTERNATIONAL BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 601	
City & State		City & State BURLINGTON, ONTARIO	
Zip	Country	Zip	Country
L7L 6Z8	CANADA	L7L 6Z8	CANADA
4. FEI Number 31-1740193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAIRNS, IVAN R 1122 INTERNATIONAL BLVD, STE 601 BURLINGTON, ONTARIO, I7I 6z8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMGR CAIRNS, IVAN R. 1122 INTERNATIONAL BLVD., SUITE 601 BURLINGTON, ONTARIO L7L 6Z8 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUBIN, RONALD L 1122 INTERNATIONAL BLVD, STE 601 BURLINGTON, ONTARIO, I7I 6z8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMGR RUBIN, RONALD L. 7025 E. GREENWAY PKWY., SUITE 100 SCOTTSDALE, AZ 85254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALOPEK, TIMOTHY J 1122 INTERNATIONAL BLVD, STE 601 BURLINGTON, ONTARIO, I7I 6z8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMGR WILCOX, CHARLES A. 7025 E. GREENWAY PKWY., SUITE 100 SCOTTSDALE, AZ 85454 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GOEBEL, BRIAN A 1122 INTERNATIONAL BLVD, STE 601 BURLINGTON, ONTARIO, I7I 6z8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOEBEL, BRIAN A. 7025 E. GREENWAY PKWY., SUITE 100 BURLINGTON, ONTARIO L7L 6Z8 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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.			
SIGNATURE: <i>Ivan R Cairns</i>		Ivan R. Cairns VP & Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		April 18, 2005	
		Daytime Phone #	
		905-319-6056	