2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000005

Entity Name: OLD KINGS ROAD SOLID WASTE, LLC

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9995 GATE PARKWAY NORTH, SUITE 200 7915 BAYMEADOWS WAY JACKSONVILLE, FL 32246

SUITE 300

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

7915 BAYMEADOWS WAY 9995 GATE PARKWAY NORTH, SUITE 200

JACKSONVILLE, FL 32246 SUITE 300

JACKSONVILLE, FL 32256

FEI Number: 94-3382743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition OLD KINGS ROAD,, LLC, OLD KINGS ROAD,, LLC, Name: Name: Address:

8540 OLD KINGS ROAD Address: 8540 OLD KINGS ROAD City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32219

Title: CEO Title: (X) Change () Addition () Delete

APPLEBY, CHARLES C Name: APPLEBY, CHARLES C Name:

Address: 9995 GATE PARKWAY NORTH, SUITE 200 Address: 7915 BAYMEADOWS WAY, SUITE 300

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32256

Title: COO () Delete Title: COO (X) Change () Addition

HALL, WALTER H JR. HALL, WALTER H JR. Name: Name: 9995 GATE PARKWAY NORTH, SUITE 200 Address:

7915 BAYMEADOWS WAY, SUITE 300 Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32256

(X) Change () Addition Title: CFO () Delete Title: CEO

CARN, STEVE Name: Name: CARN, STEVEN R

9995 GATE PARKWAY NORTH, SUITE 200 7915 BAYMEADOWS WAY, SUITE 300 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: (X) Change () Addition

DEL CORSO, STEVEN I DEL CORSO, STEVEN I Name: Name:

9995 GATE PARKWAY NORTH, SUITE 200 7915 BAYMEADOWS WAY, SUITE 300 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: () Change (X) Addition

MILLS, CHRISTIAN B Name: Name:

Address: Address: 7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTIAN B. MLLS 02/29/2008