PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

PARTNERSHIP REINSTATEMENT PLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATION			y of State	(IE	2006 JAN 13 PM 3: 38 DIVIJION OF CORPORATIONS			
DOCUMENT # A0300000981 1. Name of Limited Partnership CMSWASTEFL, LTD.					ALLAHASSEE, FLORIDA			
					CR2E039 (8/05)			
2. Principal Office Address 1941 Cement Plant Road		3. Mailing Office Address Same			4. Date Formed or Registered To Do Business in Florida July 2, 2003			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			62-1833059		Applied For Not Applicable	
City & State Nashville, Tennessee		City & State .		-	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.			
Zip Country 37208 United S	states	Zip	Country		7a. Capital Contributions as shown of \$4,450.00			
- 8- Name and Address of Current Registered Agent				,	7b. Amount of Capital Contributions in FLORIDA to date:			
Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE Suite, Apt. #, Etc. SUITE 4					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due. Note: If the amount entered in 7b is greater than amount entered in 7a. a supplemental affidavit must be submitted along with a separate and appropriate filting fee.			
9. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) Appointment DATE 1-12-06								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of General (artner(s)	4 5.	Address of Each (Do NOT Use Post C	n General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	
CMSMNGT, INC sole genera	al partne	r 1941 Cemen	373 	Nas	hville, Tennessee 37208 SOCO545 01/27/0601006		216 **1008.75	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. I do hereby certify that the information sup- Corporations from any Hability of accused on this annual report is true and occurate trustee empowered to execute the report SIGNATURE Typed or Printed Name of General Partner Signinia.	mpliance with Pair that my s t as required b	section 119.07(3)(i) in the ever signature shall have trusame	nt that the information supplegal effects as if made or iss.	plied is d	deemed exempt from public access. I further of the first transfer	certay that th	e information indicated partnership, receiver or	

CMSWASTEFL, LTD. 1941 Cement Plant Road Nashville, TN 37208

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DIVISION OF CORPORATIONS LALLAHASSEE, FLORIDA

December 27, 2005

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: CMSWASTEFL, Ltd.

Dear Sir or Madam:

The purpose of this letter is to let you know that we did not receive an annual report form for the above-referenced entity for the year 2005. Therefore, no annual report for that year was filed with your office. Please accept the attached Limited Partnership Reinstatement for this entity. and waive penalty fees.

Thanks very much for your assistance in this matter.

Sincerely,

CMSWASTEFL, Ltd.

By: CMSMNGT, Inc., its General Partner

David Freeman, President and CEO

DF/lam Enclosure