

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B06000000343**

1. Entity Name  
**SOUTHERN WASTE SYSTEMS HOLDINGS, LP**



Principal Place of Business  
**790 HILLBRATH DRIVE  
LANTANA, FL 33462**

Mailing Address  
**790 HILLBRATH DRIVE  
LANTANA, FL 33462**



02212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5360372**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GUSMANO, CHARLES  
790 HILLBRATH DRIVE  
LANTANA, FL 33462**

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

U00000910431  
05/06/08-80104-024 500.00

**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**

DOCUMENT # **L99000004470**  
NAME **SOUTHERN WASTE SYSTEMS HOLDINGS, LLC**  
STREET ADDRESS **790 HILLBRATH DRIVE**  
CITY- ST- ZIP **LANTANA, FL 33462**

DOCUMENT #  
NAME **The correct GP name is SOUTHERN WASTE**  
STREET ADDRESS **SYSTEMS, LLC.**  
CITY- ST- ZIP **SPT 5-8-13**

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CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/22/08 501-582-6688**  
Date Daytime Phone #

STAPLE CHECK HERE