FILED
Apr 17, 2003 8:00 am
Secretary of State
03-21-2003 90032 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006204

1. Entity Name
BUTTREY DEVELOPMENT TWO, LLC

Principal Place of Business	Mailing Address
211 PINEY WOODS RD APOPKA FL 32703	211 PINEY WOODS RD APOPKA FL 32703

2. Principal Place of Business	3. Mailing Address
1001 FANNIN, STE 4000	1001 FANNIN
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 4000
City & State HOUSTON, TX	City & State HOUSTON, TX
Zip 77002 Country US	Zip 77002 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3652174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTTREY, JOHN 211 PINEY WOODS RD APOPKA FL 32703	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324

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 Denise Bell — Denise Bell, Assistant Secretary — DATE 2-19-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTREY, JOHN 211 PINEY WOODS RD APOPKA FL 32703 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER WASTE MANAGEMENT INC. of FLORIDA 1001 FANNIN, STE. 4000 HOUSTON, TX 77002 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTREY, NANCY 211 PINEY WOODS RD APOPKA FL 32703 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED — Daytime Phone # 713-512-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #