2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000004733

1. Entity Name
OMNI WASTE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
120 W. CARROLL STREET KISSIMMEE, FL 34741 US	120 W. CARROLL STREET KISSIMMEE, FL 34741 US

DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
05-0560999		Not Applicable

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

6. Name and Address of Current Registered Agent

LANDIS, DAVID M
225 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801

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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   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SALOPEK, TIMOTHY J
STREET ADDRESS	3164 LAKE BREEZE CIR
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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02/22/05-60020-008 50.00

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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: _____   2/2/05   407-957-7284

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