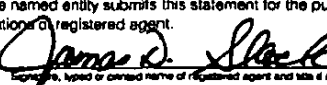


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90124 006 ****50.00

DOCUMENT # L04000083724			
1. Entity Name AMERICAN DUMPSTER, L.L.C.			
Principal Place of Business 6800 TAYLOR ROAD PUNTA GORDA, FL 33955		Mailing Address P.O. BOX 510206 PUNTA GORDA, FL 33951	
2. Principal Place of Business 9100 PIPER ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PUNTA GORDA, FL		City & State	
Zip 33982	Country USA	Zip 33951-0206	Country
4. FEI Number 84-1662665		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TREWORY, RICK 5445 WILLIAMSBURG DRIVE PUNTA GORDA, FL 33982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKACK, JAMES D 8393 NW 110TH STREET REDDICK, FL 32686 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLACK, JAMES D. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLACK, JEFFREY D 7325 SATSUMA DR PUNTA GORDA, FL 33955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREWORY, RICK 5445 WILLIAMSBURG DRIVE PUNTA GORDA, FL 33982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAISHLEY, BRUCE 627 BRINDISI CT PUNTA GORDA, FL 33950 ☐ 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
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: 		4/27/05 (941) 575-9715	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	