


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000083724</b> 1. Entity Name <b>AMERICAN DUMPSTER, L.L.C.</b>	
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Principal Place of Business <b>9100 PIPER ROAD PUNTA GORDA, FL 33982 US</b>	Mailing Address <b>P.O. BOX 510206 PUNTA GORDA, FL 33951-0206 US</b>
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01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1662665</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**TREWORGY, RICK  
5445 WILLIAMSBURG DRIVE  
PUNTA GORDA, FL 33982**

**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.

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

11100000445210  
03/07/06-80028-024 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SLACK, JAMES D
STREET ADDRESS	8393 NW 110TH STREET
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	MGRM
NAME	SLACK, JEFFREY D
STREET ADDRESS	7325 SATSUMA DR
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	MGRM
NAME	TREWORGY, RICK
STREET ADDRESS	5445 WILLIAMSBURG DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	MGRM
NAME	LAISHLEY, BRUCE
STREET ADDRESS	627 BRINDISI CT
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #