

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008616

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: AMERICAN WASTE TRANSPORT, LLC

**Current Principal Place of Business:**

326 SMITH ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

326 SMITH ROAD  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 59-3793471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLE, THOMAS CRAIG  
326 SMITH ROAD  
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

COLE, THOMAS C  
326 SMITH ROAD  
FREEPORT, FL 32439 US

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.

SIGNATURE: THOMAS C. COLE

03/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLE, THOMAS CRAIG  
Address: 326 SMITH ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM ( ) Delete  
Name: MILLS, JAMES RONNIE  
Address: 22 LODGE ROAD  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: COLE, THOMAS CRAIG  
Address: 326 SMITH ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: ST (X) Change ( ) Addition  
Name: COLE, THOMAS C  
Address: 326 SMITH ROAD  
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS C. COLE

P

03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date