

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050328

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: COLWELL HAULING SERVICE, L.C.

## Current Principal Place of Business:

P.O. BOX 67246  
ST. PETERSBURG, FL 33736

## New Principal Place of Business:

7951 BOCA CIEGA DRIVE  
ST. PETE, FL 33706

## Current Mailing Address:

P.O. BOX 67246  
ST. PETERSBURG, FL 33736

## New Mailing Address:

FEI Number: 20-4893819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUTIE 160  
LARGO, FL 33771 US

## Name and Address of New Registered Agent:

O'CONNOR, PATRICK M  
1250 S. BELCHER ROAD, SUTIE 160  
LARGO, FL 33771 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: PATRICK M O'CONNOR

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: CARL, COLWELL  
Address: 7951 BOCA CIEGA DR  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: MGR ( ) Change (X) Addition  
Name: BARBARA, COLWELL J  
Address: 7951 BOCA CIEGA DR.  
City-St-Zip: ST PETE BEACH, FL 33736

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: BARBARA J COLWELL

MGR

04/24/2007

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