

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90019 020 \*\*\*\*50.00

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<b>DOCUMENT # M02000000920</b> 1. Entity Name <b>OMNI WASTE OF OSCEOLA COUNTY LLC</b>					
Principal Place of Business <b>1501 OMNI WAY ST. CLOUD, FL 34773</b>			Mailing Address <b>1122 INTERNATIONAL BLVD SUITE 601 BURLINGTON ONTARIO CANADA L7L 6Z8, XX</b>		
2. Principal Place of Business		3. Mailing Address <b>1122 INTERNATIONAL BLVD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>601</b>		04182005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State <b>BURLINGTON, ONTARIO</b>		4. FEI Number <b>31-1740193</b>	
Zip		Country <b>L7L 6Z8    CANADA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>    Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CAIRNS, IVAN R</b> <b>1122 INTERNATIONAL BLVD, STE 601</b> <b>BURLINGTON, ONTARIO, I7I 6Z8</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>RUBIN, RONALD L</b> <b>1122 INTERNATIONAL BLVD, STE 601</b> <b>BURLINGTON, ONTARIO, I7I 6Z8</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SALOPEK, TIMOTHY J</b> <b>1122 INTERNATIONAL BLVD, STE 601</b> <b>BURLINGTON, ONTARIO, I7I 6Z8</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>GOEBEL, BRIAN A</b> <b>1122 INTERNATIONAL BLVD, STE 601</b> <b>BURLINGTON, ONTARIO, I7I 6Z8</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMGR</b> <b>CAIRNS, IVAN R.</b> <b>1122 INTERNATIONAL BLVD., SUITE 601</b> <b>BURLINGTON, ONTARIO L7L 6Z8 CANADA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMGR</b> <b>RUBIN, RONALD L.</b> <b>7025 E. GREENWAY PKWY., SUITE 100</b> <b>SCOTTSDALE, AZ 85254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMGR</b> <b>WILCOX, CHARLES A.</b> <b>7025 E. GREENWAY PKWY., SUITE 100</b> <b>SCOTTSDALE, AZ 85454</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>GOEBEL, BRIAN A.</b> <b>7025 E. GREENWAY PKWY., SUITE 100</b> <b>BURLINGTON, ONTARIO L7L 6Z8 CANADA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Ivan R Cairns</i>		<b>Ivan R. Cairns</b> <b>VP &amp; Secretary</b>		<b>April 18, 2005    905-319-6056</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	