2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

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Entity Name: STATELINE DISPOSAL SERVICES, LLC

Current Principal Place of Business:

9995 GATE PKWY N., STE. 200
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PKWY N., STE. 200
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 30-0219227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD, STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PST ( ) Delete
Name: APPLEBY, CHARLES C
Address: 9995 GATE PKWY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Delete
Name: HALL, WALTER H JR
Address: 9995 GATE PARKWAY NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: CEO ( ) Delete
Name: CRAWFORD, FELIX A
Address: 9995 GATE PARKWAY NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

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

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: APPLEBY, CHARLES C
Address: 9995 GATE PKWY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: COO (X) Change ( ) Addition
Name: HALL, WALTER H JR
Address: 9995 GATE PARKWAY NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: CFO (X) Change ( ) Addition
Name: STEVE, CARN
Address: 9995 GATE PARKWAY NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: CAO ( ) Change (X) Addition
Name: STEVEN, DEL CORSO I
Address: 9995 GATE PARKWAY NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

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: STEVEN DEL CORSO CAO 02/22/2007

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