## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M0400001240

1. Entity Name ORANGE COUNTY ENVIRONMENTAL, LLC

Principal Place of Business Mailing Address

110 WEST BERRY STREET, STE. 1100 FORT WAYNE, IN 46802

Mailing Address

110 WEST BERRY STREET, STE. 1100 FORT WAYNE, IN 46802

## FILED Jul 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

06302005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0552854 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

PLANTATI	ION, FL 33324		IN 7	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 reinstating)	DATE	
Fil Due I	ling Fee is \$50.00 by September 7, 2005			100000373235 07/18/05-80006-01	4 50.00
9.	MANAGING MEMBERS/MANAGERS				
IMLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BBLF MANAGEMENT, LLC 110 WEST BERRY STREET, STE. 1100 FORT WAYNE, IN 46802				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	- ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE				No.	17 521

11. I hereby certify that the information supplied with this filling 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 regioner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

STREET ADDRESS CITY-ST-ZIP

DE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-1-05 2 260 4269706

Daytime Phone #