File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Police Property Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M96000000027 WATER TECHNOLOGIES AND SYSTEMS LIMITED COM 1a. Principal Place of Business Address PANY 1450 S. DIXIE HWY., STE. 101 1450 S. DIXIE HWY., STE. 101 BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Forn 01/18/1996 OC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0626743 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required <u> 10/20/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SMITHER, ROBERT M JR. 1450 S. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33432 <u> 700002515517---</u>0 Suite, Apt. #, etc. -05/07/98--01082--001 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when rainstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 230 CARTER'S GROVE LANE LYNCHBURG, UA MGRM FREAKLEY, EDWIN M 1450 S. DIXIE HIGHWAY BOCA RATON FL MGR SMITHER, ROBERT M JR. 1450 S. DIXIE HIGHWAY BOCA RATON FL

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 vecever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

MAT IN SMITHER, SR IGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 4/24/08 (561)338-32