


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002481
 1. Entity Name
ENVIRONMENTAL MANAGEMENT SOLUTIONS, L.L.C.



Principal Place of Business _____ Mailing Address _____
 10654 JUSTIN DRIVE 10654 JUSTIN DRIVE
 URBANDALE, IA 50322 URBANDALE, IA 50322

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1514245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005

100000218771
 02/08/05-80001-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIERKS, NEIL 10660 JUSTIN DRIVE URBANDALE, IA 50322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASPERS, JON 509 MAIN STREET, P.O. BOX 67 SWAKEDALE, IA 50477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROPER, DAVE 3245 NO. 3600 E. KIMBERLY, ID 83341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULH, DON R.R.2, BOX 108 TYLER, MN 56178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Gal Dotson* 1-12-05 515-278-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #