

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 011 \*\*\*\*50.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # L00000005498</b>   |   |   |   |  |  |
| <b>1. Entity Name</b><br>MILLSTONE PUMPING, LLC  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>395 COMMERCIAL COURT<br>SUITE 3<br>VENICE, FL 34292  |   |   | <b>Mailing Address</b><br>395 COMMERCIAL COURT<br>SUITE 3<br>VENICE, FL 34292 |  |  |
| <b>2. Principal Place of Business</b><br>740 Commerce Drive  |   | <b>3. Mailing Address</b><br>740 Commerce Drive |   |  |  |
| Suite, Apt. #, etc.<br>Unit 9  |   | Suite, Apt. #, etc.<br>Unit 9                   |   |  |  |
| City & State<br>Venice FLORIDA   |   | City & State<br>Venice FLORIDA                  |   |  |  |
| Zip<br>34292   |   | Zip<br>34292                                    |   |  |  |
| Country<br>SARASOTA  |   | Country<br>SARASOTA                             |   | 01292004    Chg-LLC    CR2E083 (10/03)                                       |  |
| <b>4. FEI Number</b><br>65-1008676   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |   |   | <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BOONE, BOONE, BOONE, HINES & KODA, PA<br>1001 AVE DEL CIRCO<br>PO BOX 1596<br>VENICE, FL 34285   |   |   | <b>7. Name and Address of New Registered Agent</b>                            |  |  |
|  |   |   | Name  |  |  |
|  |   |   | Street Address (P.O. Box Number is Not Acceptable)                            |  |  |
|  |   |   | City  |  |  |
|  |   |   | State <b>FL</b> Zip Code  |  |  |
| <b>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.</b>   |   |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |   |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>  |   |   |   | <b>Make check payable to Florida Department of State</b>                     |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ADRIAN, DENNIS<br>2073 PORTER LAKE DR, UNIT C<br>SARASOTAT, FL 34240 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | MGR<br>Adrian, DENNIS<br>740 Commerce Drive Unit 9<br>VENICE FLORIDA 34292   |  |
|  | <input type="checkbox"/> Delete   |   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|  | <input type="checkbox"/> Delete   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  | <input type="checkbox"/> Delete   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  | <input type="checkbox"/> Delete   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  | <input type="checkbox"/> Delete   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  | <input type="checkbox"/> Delete   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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> |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Dennis E Adrian</u> <b>DENNIS E ADRIAN</b> <u>1/31/04</u> <u>941-485-6507</u>   |   |   |   |  |  |