


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90350 002 \*\*\*\*55.00

<b>DOCUMENT # L01000009217</b> 1. Entity Name <b>HYDRO ENVIRONMENT COMPANY, LLC</b>					
Principal Place of Business <b>3910 U.S. HIGHWAY 301 NORTH, STE. 180 TAMPA, FL 33619</b>			Mailing Address <b>3910 U.S. HIGHWAY 301 NORTH, STE. 180 TAMPA, FL 33619</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>59-3738062</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WARFIELD, LEANN M 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Corporation Company of Orlando</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 S. Orange Ave., Ste 1000 (JGH)</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32801</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. SIGNATURE <u>J. Gregory Humphries</u> <b>J. Gregory Humphries, Vice Pres.</b> <b>3-30-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Delete <b>BIOLOGICAL RESEARCH ASSOCIATES, LTD 3910 U.S. HIGHWAY 301 N, SUITE 180 TAMPA, FL 33619</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Biological Research Associates, LLC 3910 US Hwy. 301 N., Suite 180 Tampa, FL 33619</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GRM <input type="checkbox"/> Delete <b>ECOTECH CONSULTANTS, INC. P.O. BOX 690265 VERO BEACH, FL 32969</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GRM <input type="checkbox"/> Delete <b>PALOMBO, ALBERT J P.O. BOX 690265 VERO BEACH, FL 32969</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Richard J. Callahan, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>813-664-4500</b> <small>Daytime Phone #</small>		