



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90553 050 ****50.00

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|---|---|--|--|---|---|
| DOCUMENT # L01000012031 1. Entity Name WATER MANAGEMENT CONSULTANTS, L.L.C. | | | |  | |
| Principal Place of Business 706 SANDPIPER DRIVE DESTIN, FL 32550 | | | Mailing Address 706 SANDPIPER DRIVE DESTIN, FL 32550 | | |
| 2. Principal Place of Business 124 BENNING DR Suite, Apt. #, etc. SUITE 3 City & State DESTIN, FL Zip 32541 | | 3. Mailing Address 124 BENNING DR Suite, Apt. #, etc. Suite 3 City & State DESTIN, FL Zip 32541 | | 24029751  | |
| 03222004 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 59-3734180 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CONERLY, LAMAR A JR. 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARSONS, JAMES P 706 SANDPIPER DRIVE DESTIN, FL 32550 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 124 BENNING DR Suite 3 DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETERS, WAYNE 706 SANDPIPER DRIVE DESTIN, FL 32550 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 124 BENNING DR Suite 3 DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETERS, CHARLENE 706 SANDPIPER DRIVE DESTIN, FL 32550 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 124 BENNING DR Suite 3 DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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 | <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 | <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: <i>James P. Parsons</i> | | | 3/25/04 850-259-6254 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |