

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012031

1. Entity Name  
WATER MANAGEMENT CONSULTANTS, L.L.C.



FILED

2003 APR 17 PM 1:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
706 SANDPIPER DRIVE  
DESTIN, FL 32550

Mailing Address  
706 SANDPIPER DRIVE  
DESTIN, FL 32550

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3734130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONERLY, LAMAR A JR.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PARSONS, JAMES P  
STREET ADDRESS 706 SANDPIPER DRIVE  
CITY-ST-ZIP DESTIN, FL 32550

☐ Change ☐ Addition  
400016228654  
04/17/03--01094--017 \*\*50.00

TITLE MGRM ☐ Delete  
NAME PETERS, WAYNE  
STREET ADDRESS 706 SANDPIPER DRIVE  
CITY-ST-ZIP DESTIN, FL 32550

☐ Change ☐ Addition

TITLE MGRM ☐ Delete  
NAME PETERS, CHARLENE  
STREET ADDRESS 706 SANDPIPER DRIVE  
CITY-ST-ZIP DESTIN, FL 32550

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: *Colin W. Peters* COLIN W. PETERS

04/11/03 850-837-1336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)