2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
2003 AUG 19 AM 10:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019035

1. Entity Name
ROUGHWATERS, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
401 13TH STREET SW RUSKIN, FL 33570	401 13TH STREET SW RUSKIN, FL 33570

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4019 N. Waterbridge Cir. Suite, Apt. #, etc.
City & State	City & State: PORT ORANGE, FL
Zip / Country	Zip: 32129 / Country: USA

4. FEI Number: 59-3752641 ☐ Applied For ☐ Not Applicable

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
PADGETT, CLIFFORD D 401 13TH STREET SW RUSKIN, FL 33570	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PADGETT, CLIFFORD D 401 13TH STREET SW RUSKIN, FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KEITH DUCKWITZ 4019 N. WATERBRIDGE CIRCLE PORT ORANGE, FL. 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOWMAN, MICHAEL G 1354 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700022430727 08/19/03--01089--001 **450.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ Keith Duckwitz 5-23-03 386-547-9947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #