

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019640

1. Entity Name

UNITED WATER FLORIDA OPERATIONS LLC



Principal Place of Business

1400 MILLCOE ROAD
JACKSONVILLE, FL 32225

Mailing Address

200 OLD HOOK ROAD
HARRINGTON PARK, NJ 07640



03092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3757708

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000100116
03/31/04-80033-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GERBER, ROBERT A
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
IMPARATO, EDWARD J
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HJELM, CARLA E
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ALGRANATI, MICHAEL
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

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

Date

Daytime Phone #