


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022582</b> 1. Entity Name KEYSTONE WATERWORKS, LLC	
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Principal Place of Business 1950 NE 27TH AVE. GAINESVILLE, FL 32609 US	Mailing Address 1950 NE 27TH AVE. GAINESVILLE, FL 32609 US
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03292004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROHS, THOMAS J 1950 NE 27TH AVE. GAINESVILLE, FL 32609
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

000000101388  
04/02/04-80011-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROHS, THOMAS J 1950 NE 27TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, JOHN D PHD 1950 NE 27TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORALES, LOUIS A 1950 NE 27TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/04 352-335-0033  
Date Daytime Phone #