


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022582</b> 1. Entity Name <b>KEYSTONE WATERWORKS, LLC</b>	
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Principal Place of Business <b>1950 NE 27TH AVE. GAINESVILLE, FL 32609 US</b>	Mailing Address <b>1950 NE 27TH AVE. GAINESVILLE, FL 32609 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ROHS, THOMAS J 1950 NE 27TH AVE. GAINESVILLE, FL 32609</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000292663  
04/07/05-80080-006 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/5/05</b> <small>Date</small>	<b>352-335-0033X103</b> <small>Daytime Phone #</small>
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