


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90057 005 ****55.00

DOCUMENT # L01000022870	
1. Entity Name TROPICAL WATER SUPPLY COMPANY, LLC	

Principal Place of Business 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	Mailing Address 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134
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20010040



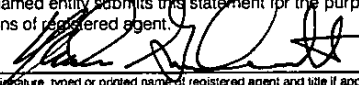
2. Principal Place of Business 10801 Corkscrew Road Suite 305 Estero, FL 33928	3. Mailing Address 10801 Corkscrew Rd. Suite 305 Estero, FL 33928
City & State Estero, FL	City & State Estero, FL
Country USA	Country USA

02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3630088	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GESCHWENDT, MARK W 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 10801 Corkscrew Rd. Suite 305 Estero, FL 33928
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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 	DATE 3/1/05

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

(NOTE: Registered Agent signature required when reinstating)

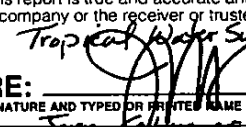
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIROMAR DEVELOPMENT CORPORATION 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10801 Corkscrew Road Suite 305 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Tropical Water Supply Company, LLC By: Miromar Development Corp, Its Managing Member**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Jerry Schmeider, Executive Vice President
 Date **3/1/05** Daytime Phone # **239/948-3666**