2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 20, 2004 8:00 am **Secretary of State DOCUMENT # L02000033183** 02-20-2004 90124 042 ****50.00 PATMAR WATERS, L.L.C. Principal Place of Business Mailing Address 5628 W. WATERS AVE. 5628 W. WATERS AVE. ~zototn\ **TAMPA, FL 33634** TAMPA, FL 33634 02062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1862163 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAN, PATRICK A DO NOT WRITE 11810 US 19 PORT RICHEY, FL 34668 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) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MORAN, PATRICK A NAME STREET ADDRESS 11810 US 19 CITY-ST-ZIP PORT RICHEY, FL 34668 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 regeiver privates empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

FILED