


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033183 1. Entity Name PATMAR WATERS, L.L.C.	
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FILED

03 APR 25 PM 4:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5628 W. WATERS AVE Suite, Apt. #, etc.	3. Mailing Address 5628 W. WATERS AVE Suite, Apt. #, etc.
City & State TAMPA FL.	City & State TAMPA FL.
Zip 33634 Country HILLS.	Zip 33634 Country HILLS.

MJH

4/25

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4. FEI Number 14-1862163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name PATRICK A. MORAN	
Street Address (P.O. Box Number is Not Acceptable) 11810 US 19	
City PORT RICHIEY	FL Zip Code 34668

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. DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

600016986816
03--01010--011 **50.00

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.M. MORAN, PATRICK A. 11810 US 19 PORT RICHIEY, FL. 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Patrick A. Moran* **PATRICK A. MORAN** 4-18-03 727 863-3336