2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# L03000008073

Entity Name: HYDRO ILLUSIONS, L.L.C.

Current Principal Place of Business:

1470 27TH AVE. NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

2894 47TH AVE N
ST. PETERSBURG, FL 33714

Current Mailing Address:

1470 27TH AVE. NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

2894 47TH AVE N
ST. PETERSBURG, FL 33714

FEI Number: 05-0558494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, PHILIP A ESQUIRE
540-4TH STREET NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ARGUE, THOMAS M MEMBER
Address: 1470 27TH AVE N
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM ( ) Change (X) Addition
Name: ARGUE, SUSAN M MEMBER
Address: 1470 27TH AVE N
City-St-Zip: ST PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN M ARGUE MGRM 04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date