

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009657

FILED
May 11, 2004
Secretary of State

Entity Name: REGENCY WATER, LLC

Current Principal Place of Business:

2900 WEST AIRPORT BLVD
SUITE 105
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2900 WEST AIRPORT BLVD
SUITE 105
SANFORD, FL 32771

New Mailing Address:

FEI Number: 48-1303329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE BINFORD-TOMELO LAW GROUP, P.A.
ATTN: KELLIE E. TOMELO, ESQ.
801 INTERNATIONAL PARKWAY, 5TH FLOOR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LAW OFFICES OF KELLIE E. TOMELO, P.A.
SUN TRUST CENTER
200 SOUTH ORANGE AVENUE, SUITE 1220
ORLANDO, FL 32801 US

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: KELLIE E TOMELO

05/11/2004

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: SIMS, MARK J MR
Address: 537 TETON STREET
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: DUNNIGAN, STEPHEN G MR
Address: 1769 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771

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: STEPHEN DUNNIGAN

MR

05/11/2004

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