2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Sep 01, 2005 8:00 am Secretary of State DOCUMENT # L04000025660 08-19-2005 90089 036 ****50 00 1. Entity Name KEY WATER SERVICES, LLC Principal Place of Business Mailing Address P. O. BOX 990282 NAPLES FL 34116 P.-O.-BOX-990282-NAPLES FL 34118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State Not Applicable Country \$5.00 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOEPKE, DOUGLAS L 696 PINE VALE DRIVE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34104 City Zip Code 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 inglished again and title if applicable (NOTE: Registered Agent signature required when remaintains) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. DRE HILE MGRM ☐ Deleta ☐ Change ☐ Addition KOEPKE, DOUGLAS L HAME STREET I ADDRESS STREET ADDRESS P. O. BOX 990282 CITY-SI-ZP CHY-ST-ZIP NAPLES FL 34116 HILE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7/P CITY-ST-7IP THILE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS Œίγ. ζί∙ <u>Σ</u>έΡ 411-51-7P TITLE ☐ Delete ☐ Change ☐ Addition urte NAME NAME STREET ADDRESS STREET ADORESS C11Y-S1-ZIP CITY-ST-ZIP HILE Detete TITLE ☐ Chance noitibba 🗍 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition MLE ☐ Delete TITLE ☐ Change HAME HAIAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED