

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033021

FILED  
May 23, 2005  
Secretary of State

**Entity Name:** UNITED WATER CONSERVATION LLC

**Current Principal Place of Business:**

18263 NW 68TH AVENUE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18263 NW 68TH AVENUE  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 20-0836875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LUCAS, VICTOR  
18263 NW 68TH AVENUE  
MIAMI, FL 33015      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: BERNARD, JAMES  
Address: 1455 ALDERMAN DRIVE  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR      ( ) Delete  
Name: LUCAS, VICTOR  
Address: 18263 NW 68TH AVENUE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES BERNARD

PART

05/23/2005

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