## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**SIGNATURE** 

## May 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000047462** 04-22-2005 90052 036 \*\*\*\*50.00 HUMITECH ON THE GULF, LLC Principal Place of Business Mailing Address 5405 REFLECTIONS BLVD **5405 REFLECTIONS BLVD** 30006515 LUTZ, FL 33558 LUTZ, FL 33558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 03182005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 55-087414 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPIC, ROGER Street Address (P.O. Box Number is Not Acceptable) 5405 REFLECTION BLVD. LUTZ, FL 33558 City Zio 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 registered egent and title if applicable. (NOTE: Registered Agent signature required when re-natating) DATE Filing Fee is \$50.00 / Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Vice tresident TITLE TITLE C Deleta ☐ Change Addition NAME MAME STREET ADDRESS eplections Blud. STREET ADDRESS (17.51.7P CITY-ST-ZIP TITLE ☐ Delata TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C17Y-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME 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 eath; 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.

TO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**