2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000069085** 05-02-2005 90116 003 ****50.00 **REX SMITH WATER CONDITIONING LLC** Principal Place of Business Mailing Address **01690009** 1181 LOOP ROAD 1181 LOOP ROAD AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, REX W Street Address (P.O. Box Number is Not Acceptable) 1181 LOOP ROAD AUBURNDALE, FL 33823 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 ? Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 10. 9. MGR Delete ☐ Change ■ Addition TITLE TITL F NAME SMITH, REX W NAME 1181 LOOP ROAD STREET ADDRESS STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ De lete TITLE TITLE 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 logal 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.

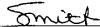
CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

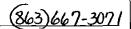
NAME

STREET ADDRESS



☐ Delete

FILED



☐ Change

Addition