2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 4

Aug 03, 2006 8:00 am Secretary of State **DOCUMENT # L05000015587** 08-03-2006 90072 022 ****50.00 1. Entity Name ADVÁNCED WASTEWATER ENGINEERING, L.L.C. Principal Place of Business Mailing Address 1105 REBECCA DRIVE 1105 REBECCA DRIVE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business 1300 PINETREE D 3. Mailing Address 300 Pinetree DR. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 5 07182006 Chq-LLC CR2E083 (11/05) suite City & State City & State 4. FEI Number Applied For ndian Harbour Beach 44.3Q3° Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent verman BRUNO, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 1105 REBECCA DRIVE MERRITT ISLAND, FL 32952 Suite 5 Indian Harbour Beach 8. The above rained 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 registe SIGNATURE recisioned agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Silverman David K. 1300 Pinetree DR., Suite 5 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Indian Harbour Beach, FC 32937 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition Bruno, Richard Br 504 **Sand**castle Road Franklin, TN 37069 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGR BAKER, JAMES 144 Carriage Hill Rd. TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS melbarne, FL 32940 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED