

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000042566

FILED
Jun 01, 2007
Secretary of State**Entity Name:** SOUTHERN WASTEWATER SYSTEMS MANAGEMENT, LLC**Current Principal Place of Business:**3711 KINGSFORD PLACE
VALRICO, FL 33594**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 299
LITHIA, FL 33547**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAYFIELD, GREGORY L
3711 KINGSFORD PLACE
VALRICO, FL 33594 US**Name and Address of New Registered Agent:**

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/MANAGERS:Title: MGRM () Delete
Name: MAYFIELD, GREGORY L
Address: 3711 KINGSFORD PLACE
City-St-Zip: VALRICO, FL 33594 USTitle: MGRM () Delete
Name: O'BRIEN, JOHN T
Address: 6115 KINGBIRD MANOR DRIVE
City-St-Zip: LITHIA, FL 33547 USTitle: MGRM () Delete
Name: SUMMERS, EVELYN L
Address: 13225 C.R.39 SOUTH
City-St-Zip: LITHIA, FL 33547**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM (X) Change () Addition
Name: TAYLOR, SPENCER N
Address: 3803 N. RYE ROAD
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN T. O'BRIEN

MGRM

06/01/2007

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