

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047636

Entity Name: U.S. WATER/WADE TRIM, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 56-2514537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HANEY, R. REID
101 E. KENNEDY BLVD., STE. 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

PENICK, VICTORIA
4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652 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: VICTORIA PENICK

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: U.S. WATER SERVICES, CORPORATION
Address: 4939 CROSS BAYOU BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Change (X) Addition
Name: WADE TRIM GROUP,
Address: PO BOX 10
City-St-Zip: TAYLOR, MI 48180

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTORIA PENICK

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05/01/2006

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