2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# L05000054615

Entity Name: TYCO WATER WORKS, LLC

Current Principal Place of Business:

825 RENAISSANCE POINT BLVD., SUITE #201
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

191 LAKESIDE CIRCLE
SANFORD, FL 32773

Current Mailing Address:

825 RENAISSANCE POINT BLVD., SUITE #201
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

191 LAKESIDE CIRCLE
SANFORD, FL 32773

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: N/A

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TORRES, LUIS W
Address: 825 RENAISSANCE POINT BLVD., SUITE #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete
Name: TORRES, MARIO A
Address: 825 RENAISSANCE POINT BLVD., SUITE #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: TORRES, MARIO A
Address: 825 RENAISSANCE POINT BLVD., SUITE #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: TORRES, LUIS W
Address: 825 RENAISSANCE POINT BLVD., SUITE #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TORRES, LUIS W
Address: 191 LAKESIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: MGR (X) Change ( ) Addition
Name: TORRES, MARIO A
Address: 191 LAKESIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: S (X) Change ( ) Addition
Name: TORRES, MARIO A
Address: 191 LAKESIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: T (X) Change ( ) Addition
Name: TORRES, LUIS W
Address: 191 LAKESIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

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: WILLIAM TORRES MGR 09/25/2006

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