2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90062 049 ****50.00

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1. Entity Name
EARTH TONES NPDES, LLC

Principal Place of Business	Mailing Address
1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308	1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308

04192006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3018305 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHASON, JOHN H III 1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308	Name: JASON M. GARCIA Street Address (P.O. Box Number is Not Acceptable) 1713 MAHAN DRIVE, SUITE C City: TALLAHASSEE FL Zip Code: 32308

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.

SIGNATURE _Jason M. Garcia_   4/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: CHASON, JOHN H III STREET ADDRESS: 1713 MAHAN DRIVE, SUITE C CITY-ST-ZIP: TALLAHASSEE, FL 32308	☒ Delete	TITLE: MGRM NAME: JASON M. GARCIA STREET ADDRESS: 1713 MAHAN DRIVE SUITE C CITY-ST-ZIP: TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change ☐ Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jason M. Garcia_   4/27/06   850/942-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #