


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 26 PM 2:35

<b>DOCUMENT # L05000060856</b> 1. Entity Name <b>EARTH TONES NPDES, LLC</b>					
Principal Place of Business <b>1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308</b>			Mailing Address <b>1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business - No P.O. Box # <b>2915 E. PARK AVENUE</b> Suite, Apt. #, etc. <b>Suite 6</b> City & State <b>TALLAHASSEE, FL</b> Zip <b>32301</b>		3. Mailing Address <b>2915 E. PARK AVENUE</b> Suite, Apt. #, etc. <b>Suite 6</b> City & State <b>TALLAHASSEE, FL</b> Zip <b>32301</b>		09132007 Chg-LLC CR2E083 (12/06)	
Country <b>LEON</b>		Country <b>LEON</b>		4. FEI Number <b>20-3018305</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARCIA, JASON M 1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>GARCIA, JASON M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2915 E. PARK AVENUE, SUITE 6</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</b>		
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 <u><i>Jason M. Garcia</i></u> <b>JASON M. GARCIA - PRESIDENT</b> DATE <b>9/18/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARCIA, JASON M 1713 MAHAN DRIVE, SUITE C TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARCIA, JASON M. 2915 E. PARK AVENUE, SUITE 6 TALLAHASSEE, FL 32301</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jason M. Garcia</i></u> <b>JASON M. GARCIA</b>			Date <b>09/18/07</b>		Telephone # <b>850/942-6020</b>