


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L06000029587 1. Entity Name FMS ENVIRONMENTAL OF FLORIDA, LLC	
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Principal Place of Business 130 N. EVERGREEN ROAD SUITE 202 LOUISVILLE KY 40243	Mailing Address PO BOX 436015 LOUISVILLE KY 40253
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90206 044 ***138.75



1st MOORE CR2E083 (10/07)

4. FEI Number 43-2100809		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SUTTON, JAMES 2190 HWY 85 NORTH NICEVILLE FL 32578	7. Name and Address of New Registered Agent Name Dawn R. Jones Street Address (P.O. Box Number is Not Acceptable) 2190 Highway 85 North City Niceville FL Zip Code 32578
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																							
<table border="1" style="width:100%"> <tr> <td style="width:30%">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%"> MGR REDCORN, CLARENCE R 130 N. EVERGREEN ROAD, SUITE 202 LOUISVILLE KY 40243 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDCORN, CLARENCE R 130 N. EVERGREEN ROAD, SUITE 202 LOUISVILLE KY 40243	<input type="checkbox"/> Delete																						<table border="1" style="width:100%"> <tr> <td style="width:30%">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: *Bruce Ballard* 4/19/08 484588-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #