

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000368

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** STORM WATER RESOURCES OF FLORIDA, L.C.

**Current Principal Place of Business:**

13542 N. FLORIDA AVE.  
215-A  
TAMPA, FL 336133200 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1636  
LUTZ, FL 335481636 US

**New Mailing Address:**

FEI Number: 59-3436346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MILLER, CHARLES L  
1017 WILDROSE DRIVE  
LUTZ, FL 335495657 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MILLER, CHARLES L  
Address: 1017 WILDROSE DRIVE  
City-St-Zip: LUTZ, FL 335495657 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES L. MILLER

MGRM

01/05/2004

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