

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000368

FILED
Jan 14, 2007
Secretary of State

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

Current Principal Place of Business:

320 W. FLETCHER AVE.
SUITE 104
TAMPA, FL 336123400 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/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: MILLER, COLIN T
Address: 4014 MOUNTAIN SPRINGS LANE
City-St-Zip: TAMPA, FL 336241824 US

Title: MGR () Change (X) Addition
Name: MILLER, ROSANNE M
Address: 4014 MOUNTAIN SPRINGS LANE
City-St-Zip: LUTZ, FL 335495657 US

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: CHARLES L MILLER

MGRM

01/14/2007

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