2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001383

1. Entity Name

COASTAL WATER SYSTEMS, L.C.



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90031 002 ****50.00

						OCCUPATION OF THE PARTY OF THE							
Principal Place	e of Business		М	ailing Address		· · · · · · · · · · · · · · · · · · ·							
4429 PRODUCTION COURT				4429 PRODUCTION COURT									
TALLAHASSEE FL 32310				TALLAHASSEE FL 32310									
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2. Principal Place of Business				3. Mailing Address					i din izidi (di	 			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				D. OUTOK HERE IE MAKING GUANGEG					
								CHECK HERE IF MAKING CHANGES					
City & State			1	City & State				4. FEI Numb	er 59 -	352638	4	A	pplied For
													lot Applicable
Zip Country				Zip	ntry		5 Certificate	of Status	Desired		\$5.00 Additional		
							Fee Hequired					ed	
•	6. Name an	d Address of Curren	t Regis	tered Agent		<u> </u>		7. Name and				Agent	
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2533 STONEGATE ROAD					Street Addre	Address (P.O. Box Number is Not Acceptable)							
	LAHASSEE FL												

						City					FL	Zip Cod	de
				· <u> </u>					 			<u> </u>	
	named entity su ions of registere		for the p	ourpose of changing its	register	ed office or reg	gistered	agent, or bo	th, in the S	tate of Fio	rida. Lam	familiar with	, and accept
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SIGNATURE _	Signature, typed or pr	inted name of registered agen	nt and title i	if applicable (NOT	F. Registere	d Agent signature re	equired wh	en reinstating)			DATE		
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						FEE IS \$50.							
			1	Make Check Payab			tment	of State					*
				-	e By M	ay 1, 2003							
9.		MANAGING MEMB	BERS/M	IANAGERS	10.				AD	DITIONS	CHANGES		
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 I nereby c 	ertity that the inf	ormation supplied wit	ın mis fil	ling does not qualify fo	r the eye	mption stated i	in Section	on 119 D7(3\/	u Florida:	Statutes I	turther cer	tity that the i	ntormation

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 AND TYPED OR PRINTED NAME OF SK ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE