2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # M00000001307 1. Entity Name TAMPA BAY DESAL, LLC Principal Place of Business Mailing Address 2502 ROCKY POINT DRIVE 1055 WASHINGTON BLVD 6TH FLOOR STE 1040 **TAMPA, FL 33607** STAMFORD, CT 06901 01222004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2196662 Not Applicable \$5.00 Additional S. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 reinstaling) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGR 33313 NAME KINGMAN, ANDREW P 1055 WASHINGTON BLVD. STREET ADDRESS 01/28/04-80084-004 50.00 CHTY-57-ZIP STAMFORD, CT 06901 TETLE MGR NAME IESSI, ANTHONY STREET ADDRESS 1055 WASHINGTON BLVD. CITY-53-73P STAMFORD, CT 06901 RILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 808, Florida Statutes

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED