

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90063 009 ****55.00

DOCUMENT # M02000002330

1. Entity Name

MARINE DESALINATION SYSTEMS, LLC



Principal Place of Business

1120 CONNECTICUT AVENUE, N.W., SUITE
WASHINGTON DC 20036

Mailing Address

1120 CONNECTICUT AVENUE, N.W., SUITE
WASHINGTON DC 20036

64000742



MOORE

CR2E083 (11/03)

2. Principal Place of Business

1990 M STREET NW

3. Mailing Address

1990 M STREET NW

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

350

City & State

WASHINGTON DC 20036

City & State

WASHINGTON DC

4. FEI Number

52-2171493

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C-T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MAX, MICHAEL D ☐ Delete
STREET ADDRESS 1120 CONNECTICUT AVENUE, N.W.
CITY-ST-ZIP WASHINGTON DC 20036

TITLE MGRM
NAME PELLENBARG, ROBERT E ☒ Delete
STREET ADDRESS 1120 CONNECTICUT AVENUE, N.W.
CITY-ST-ZIP PELLENBARG DC 20036

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MAX, MICHAEL D ☒ Change ☐ Addition
STREET ADDRESS 1990 M STREET NW
CITY-ST-ZIP WASHINGTON DC 20036

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

MICHAEL D. MAX

Feb 23, 2004 202 466 7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #