2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002330

1. Entity Name MARINE DESALINATION SYSTEMS, LLC



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

1601 3RD STREET SOUTH SAINT PETERSBURG, FL 33701 Mailing Address

1990 M STREET NW, #350 WASHINGTON, DC 20036



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2171493

Applied For Not Applicate

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

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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 Flori	la. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2006

000000410577 02/09/06-80043-003 50.00

MANAGING MEMBERS/MANAGERS TITLE MGRM MAX, MICHAEL D NAME STREET ADDRESS 1601 3RD STREET SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS CHY-S7-27P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CHY-SI-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am a managing member or manager of the ilmited liability company or the neceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MICHAEL D.

1x Co

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727-821-3993