

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000773

1. Entity Name
WATER STANDARD COMPANY, LLC



Principal Place of Business
C/O HARRY M. ROSEN
2500 WESTON RD., STE. 220
WESTON, FL 33331

Mailing Address
C/O HARRY M. ROSEN
2500 WESTON RD., STE. 220
WESTON, FL 33331



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3765382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, HARRY M
2500 WESTON RD., STE. 220
WESTON, FL 33331

**DO NOT WRITE
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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000011859
01/23/04-80055-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GORDON, ANDREW W 2680 NW 41ST ST. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSEN, HARRY M 2500 WESTON RD., STE 220 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: *H.M. Rosen* *Managing Member* 1/20/04 954-384-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #