## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # M03000000773** 1. Entity Name 04-25-2005 90099 049 \*\*\*\*50.00 WATER STANDARD COMPANY, LLC Principal Place of Business Mailing Address C/O HARRY M. ROSEN 2500 WESTON RD., STE. 220 WESTON FL 33331 20045302 C/O HARRY M. ROSEN 2500 WESTON RD., STE. 220 WESTON FL 33331 New 2. Principal Place of Business 415I Steat 2680 NW 4152 Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For 4. FEI Number Boca Ru 59-3765382 Not Applicable \$5.00 Additional 5. Certificate of Status Desired USK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent old Address Rosen ROSEN, HARRY M Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON RD., STE. 220 WESTON FL 33331 Manor Unive South Zip Code 33326 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 (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Defete TITLE ☐ Change ☐ Addition GORDON, ANDREW W NAME NAME 2680 NW 41ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Member Managen HARRY ROSEN TITLE MGR Delete TITLE 🕰 Change Addition NAME ROSEN, HARRY M NAME STREET ADDRESS 2500 WESTON RD., STE 220 STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7IP 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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