


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000006146 1. Entity Name HYDRAMETRICS, LLC	
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Principal Place of Business 7131 20TH AVENUE NORTH, SUITE 600 CENTERVILLE, MN 55038	Mailing Address 7131 20TH AVENUE NORTH, SUITE 600 CENTERVILLE, MN 55038
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04182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0341849	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301-2960**

**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, 2007**

000000724109
05/02/07-80098-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNTON, ROLLIN 6 PINE TREE DRIVE #100 ARDEN HILLS, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGAULEY, KEVIN 7131 20TH AVENUE NORTH, SUITE 600 CENTERVILLE, MN 55038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, PAUL 7131 20TH AVENUE NORTH, SUITE 600 CENTERVILLE, MN 55038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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: _____

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

4/18/07

Date

651-653-6845

Daytime Phone #