## FILE NOW: Fee after May 1, will be \$588.75

INHSE10 R(12-96)

The first feet for the LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 97 MAR 31 AM 9: 03 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #M9600000221 1a. Principal Place of Business Address AMERICAN AQUA-TECH, LLC 8705 SHOAL CREEK, SUITE 107A 8705 SHOAL CREEK, SUITE 107A AUSTIN TX 78757 AUSTIN TX 78757 If above mailing address is incorrect in any way, fine through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 06/25/1996 TΧ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 74-2778403 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent GAY, JERRY D 7146 W. HAVERHILL RD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations DATE 3-26-9 SIGNATURE. (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR GAY, JOY A 8705 SHOAL CREEK, SUITE 10 AUSTIN TX MGR GAY, JERRY D . B705 SHOAG CREEK, SULTE 10 AUSTIN TX 900002130689---0 -04/01/97--01109--009 \*\*\*\*203.75 \*\*\*\*203.75 11. I do 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 annual 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 regained by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR TRINING NAME OF SIGNING MANAGING MEMBER OR MANAGER