
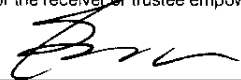


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90078 008 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # M99000001815 1. Entity Name DYER AQUA, LLC | | | |  | |
| Principal Place of Business 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 | | | Mailing Address 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 62-1681926 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GORMAN, ROBERT J ESQ. 1209 DELAWARE AVE. FORT PIERCE, FL 34950 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FORD, JOHN F 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Weiss, Lynn F. 1385 Flowering Dogwood Dyersburg TN 38024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALKER, BILLY 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Billy York Walker Jr Trust 1385 Flowering Dogwood Dyersburg TN 38024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOORE, JEAN 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FORD, W. KENT 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALKER, JIMMIE 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARYBETH KUHN WALKER TRUST 1385 FLOWERING DOGWOOD LANE DYERSBURG, TN 38024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  Billy Walker, Managing Member 1-26-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

731-287-1117