


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P04000077693 |  |
| 1. Entity Name SOUTHWEST WATER FLORIDA, INC. | |

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| Principal Place of Business 624 SOUTH GRAND AVENUE, SUITE 2900 ONE WILSHIRE BUILDING LOS ANGELES, CA 90017 | Mailing Address 624 SOUTH GRAND AVENUE, SUITE 2900 ONE WILSHIRE BUILDING LOS ANGELES, CA 90017 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINN, MICHAEL O 624 SOUTH GRAND AVENUE, SUITE 2900 LOS ANGELES, CA 90017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary William L. Dix 1624 S. Grand Ave., Ste. 2900 L.A., CA 90017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARY, CHERYL 624 SOUTH GRAND AVENUE, SUITE 2900 LOS ANGELES, CA 90017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000116444810 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOS CLARY, CHERYL 624 SOUTH GRAND AVENUE, SUITE 2900 LOS ANGELES, CA 90017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO Clary Cheryl 624 S. Grand Ave. Ste. 2900 L.A., CA 90017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BENCH, WALTER 624 SOUTH GRAND AVENUE, SUITE 2900 LOS ANGELES, CA 90017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary Kelly Silk 1624 S. Grand Ave., Ste. 2900 L.A. CA 90017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P QUINN, MICHAEL O 624 SOUTH GRAND AVE SUITE 2900 LOS ANGELES, CA 90017 <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 | VP JASURA, WILLIAM C 624 SOUTH GRAND AVENUE, SUITE 2900 LOS ANGELES, CA 90017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Silk Kelly Silk, Assistant Secretary, Jan 25, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Datetime Phone #

FILED
08 JAN 30 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 Chg-P CR2E034 (12/06)

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|-----------------------------|--|
| 4. FEI Number 20-1134027 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 423077 7387402

AUTHORIZATION

COST LIMIT : \$150.00

RECEIVED
08 JAN 30 PM 12:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : January 29, 2008

ORDER TIME : 10:43 AM

ORDER NO. : 423077-030

CUSTOMER NO: 7387402

ANNUAL REPORT FILING

NAME: SOUTHWEST WATER FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____