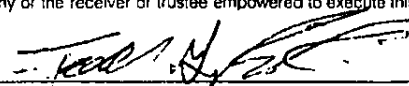


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90086 001 \*\*\*300.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                           |                                                                                  |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M05000005107</b><br>1. Entity Name<br><b>AWHR FOUR, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                           |                                                                                  |                                                                                                                                                      |  |
| Principal Place of Business<br><b>1215 FERN RIDGE PARKWAY STE 216<br/>ST. LOUIS MO 63141</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                           | Mailing Address<br><b>1215 FERN RIDGE PARKWAY STE 216<br/>ST. LOUIS MO 63141</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                  |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | City & State                              |                                                                                  |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                               | Zip                                       | Country                                                                          | 4. FEI Number<br><b>20-3463616</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                           |                                                                                  | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                           |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                           |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                           |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                           | <b>10. ADDITIONS/CHANGES</b>                                                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>AWHR AMERICA'S WATER HEATER RENTALS, L.L.C<br/>1215 FERN RIDGE PARKWAY STE 216<br/>ST. LOUIS MO 63141</b> |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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. |                                                                                                                       |                                           |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                           | Date: <b>1/26/2006</b>                                                           |                                                                                                                                                                                                                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                           | Daytime Phone #: <b>314-467-8751</b>                                             |                                                                                                                                                                                                                                       |  |



ATTACHMENT  
30001778

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

AWHR FOUR, LLC  
1215 FERN RIDGE PARKWAY STE 216  
ST. LOUIS, MO 63141

Subject: AWHR FOUR, LLC

Reference Number:

M05000005107

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$300.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION