I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H PARR

Entity Name: STORY WATER SHARES, LLC **Current Principal Place of Business:**

1020 LAKE SUMTER LANDING THE VILLAGES. FL 32162

Current Mailing Address:

1020 LAKE SUMTER LANDING THE VILLAGES. FL 32162

FEI Number: 27-4199829

Name and Address of Current Registered Agent:

1020 LAKE SUMTER LANDING

City-State-Zip: THE VILLAGES FL 32162

Electronic Signature of Registered Agent

SKATES, JEFFREY P 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 US

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.

SIGNATURE:

Address

Authorized Person(s) Detail : Title MGR Name PARR, JAMES H

Title	MGR
Name	PARR, JENNIFER L
Address	1020 LAKE SUMTER LANDING
City-State-Zip:	THE VILLAGES FL 32162

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 15, 2015 Secretary of State CC3563095884

Certificate of Status Desired: No

MANAGER

04/15/2015

Date

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121895

Date