2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A06000000924** 2007 APR 30 AM 10: 20 WATERS OF WINTER HAVEN, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1700 N ELOISE DRIVE 1700 N ELOISE DRIVE WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LP CR2E003 (12/06) 4.FEI Number 88350 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA,** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, STE 1100 ORLANDO, FL 32801 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # L06000074095 STREET ADDRESS W&L WATERS, LLC NAME STREET ADDRESS 1700 N ELOISE DRIVE CITY-ST-ZIE CITY-ST-ZIP WINTER HAVEN, FL 33884 400101854744 DOCUMENT # STREET ADDRESS 05/09/07--01042--009 NAME - 🕸 🛊 ឬពីស៊ី - ស៊ីពី STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 14. 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 is true and accurate and that my supplied with the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as equired by Chapter 620, Florida Statutes

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SIGNATURE:

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863-318-0888

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