

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 MAR 22 AM 11:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03082007 Chg-LP CR2E003 (12/06)

DOCUMENT # B04000000096					
1. Entity Name LIVING WATER FUND, L.P.					
Principal Place of Business 340 GIRALDA AVE., SUITE 817-E CORAL GABLES, FL 33134			Mailing Address 340 GIRALDA AVE., SUITE 817-E CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 3327 Ashmonte Drive Suite, Apt. #, etc.		3. Mailing Address 30 N. LaSalle St. Suite, Apt. #, etc. Suite 3000			
City & State Land O Lakes, FL		City & State Chicago, IL		4. FEI Number 36-4363547	
Zip 34638	Country USA	Zip 60602	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS, ROBERT 340 GIRALDA AVE., SUITE 817-E CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Allen Hargest Street Address (P.O. Box Number is Not Acceptable) 3327 Ashmonte Drive City Land O Lakes FL Zip Code 34638		
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 <u><i>Allen Hargest</i></u> <u>3-16-07</u> DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M04000000765 ROBERT JENKINS TRADING LLC 340 GIRALDA AVE., SUITE 817-E CORAL GABLES, FL 33134		STREET ADDRESS CITY - ST - ZIP	3327 Ashmonte Drive Land O Lakes, FL 34638	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	400095254824 03/29/07--01060--008 **500.00	
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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 signature shall have 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 required by Chapter 620, Florida Statutes Allen Hargest, as Agent for Robert Jenkins, Manager SIGNATURE: <u><i>Allen Hargest</i></u> <u>3/16/07</u> (813) 746-9292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE