

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90185 039 \*\*\*150.00

**DOCUMENT # L00000016264**

1. Entity Name  
FLORIDA PURE WATER COMPANY, L.L.C.



Principal Place of Business

CONCORD SQUARE #208  
7 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470

Mailing Address

CONCORD SQUARE #208  
7 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470



02032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3688314

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, JAMES L ESQ  
350 E. LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCOY, GEORGE R  
7E SOUTH 76ER SPRINGS BLVD STE 208  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BAUER, WILLIAM  
2827 SE MONROE ST  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BAUER, MONA  
5667 SATINWOOD CT  
STUART, FL 33458+

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-19-04

Date

772-220-8787

Daytime Phone #