

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016264

FILED
Jan 25, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3688314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCOY, GEORGE R
Address: 7 EAST SILVER SPRINGS BLVD STE 208
City-St-Zip: OCALA, FL 34470

Title: MGRM () Delete
Name: BAUER, WILLIAM
Address: 7998 SW JACK JAMES DR.
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: BAUER, MONA
Address: 5667 SATINWOOD CT
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM BAUER

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date