


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034255 1. Entity Name WATER VENTURES LLC	
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Principal Place of Business 7738 JAMES CLARK ST. PORT RICHEY, FL 34668	Mailing Address 7738 JAMES CLARK ST. PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



02192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1667532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KALOGIANNIS, DELIA 5048 PELICAN DR. NEW PORT RICHEY, FL 34652
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALOGIANNIS, GEORGIO 5048 PELICAN DR. NEW PORT RICHEY, FL 34652
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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 60B, Florida Statutes.

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

Date **5-1-04** Daytime Phone # **727 849-1592**