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RHCh9 ORB LAW OFFICES

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21 NORTHEAST FIRST AVENUE OCALA, FLORIDA 34470

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REPLY TO: POST OFFICE BOX 1148 OCALA, FLORIDA 34478

TELEPHONE (352) 351-2222 FACSIMILE (352) 351-0312 *CERTIFIED CIVIL TRIAL LAWYER

**Phonida Dan Brand of Contiluation

†CERTIFIED CIVIL TRIAL ADVOCATE
National Board of Total Moscopy

*CERTIFIED BUSINESS LITICATION LAWYER

Florida Gar Good of Confification

January 17, 2005

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Florida Cracker Water Company, LLC – Our File Number: 01503/0029

Dear Sir/Madam:

I am enclosing **ORIGINAL** fully executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company ("Form"), for the referenced Limited Liability Company for filing. I am also enclosing my law firm's check in the sum of \$25.00, representing the filing fee as reflected on the enclosed Form.

After filing, please furnish me copy of same for my records.

Thank you for your assistance in this matter.

Yours very truly,

AYRES, CLUSTER, CURRY, McCALL, COLLINS & FULLER, P.A.

Zanglis V. Curry, Jr.

LVCjr/L

Enclosures stated within

c: Mary Carolyn Galloway, without enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited lia	ability company is:	FLORIDA CRACKER	WATER COMPANY, LLC
2. The mailing address of the	limited liability con		
April 22, 2003		L03000014	
3. Date of filing/registration i	n Florida	4. Document	number
5. The name of the registered Florida Department of State Je		ered office address as sho	wn on the records of the
29	960 Hartley Road V	Name Vest	OS JA ALLA
Ja	icksonville, FL 322	Address 257 State and Zip	N21 HASSE
6. The name and address of th	_	-	
La	andis V. Curry, Jr.		LOK SIMI
21	NE First Avenue	ame	
FI	orida street address	(P.O. Box NOT acceptab	le)
Od	ala,	FL_34470	
	City, St	ate and Zip	
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the (Signalure of a number or authorized response). Mary Carolyn Galloway	ge or changes are ma registered agent will confirmed that the dibility company or as a limited liability con	de, the Florida street addit be identical. Or, in the change(s) was/were authors otherwise provided in the mpany.	of Florida, it is hereby ress of the registered office ease of a Florida limited rized by an affirmative vote of le articles of organization or
(Printed or typed name of signee)			
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that	ent as registered ag all statules relative cept the obligations document is being fi t the limited lightity	ent and agree to act in thi to the proper and comple of my position as registe led to merely reflect a cho company has been notifi	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.
(Signature of Registered Agent)	LANDIS V. CUREY JR.	<u>v</u>	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00