2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# L03000024292

Entity Name: CLEAN WATER SUPPLIES, LLC

Current Principal Place of Business:

3650 INVERRARY DRIVE, SUITE G-2-P
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5843
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 51-0473652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUTTE, BERNHARD
P O BOX 5843
FORT LAUDERDALE, FL 33310 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/MEMBERS:

Title: MGR ( ) Delete
Name: SCHUTTE, BERNHARD
Address: 3650 INVERRARY DRIVE, SUITE G-2-P
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR ( ) Delete
Name: BERNTHALER, THOMAS
Address: 3650 INVERRARY DRIVE, SUITE G-2-P
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR ( ) Delete
Name: SCHUTTE, BERNHARD
Address: 3650 INVERRARY DRIVE, SUITE G-2-P
City-St-Zip: LAUDERHILL, FL 33319

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 Section 119.07(3)(i), 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: BERNHARD SCHUTTE CEO 01/03/2005

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