


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90116 014 \*\*\*\*50.00

DOCUMENT # L03000026848		
1. Entity Name PUR-WATER RECOVERY SYSTEMS, L.L.C.		

Principal Place of Business 1545 S. BELCHER RD. CLEARWATER, FL 33764	Mailing Address 1545 S. BELCHER RD. CLEARWATER, FL 33764
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2. Principal Place of Business 2706 Oct 19 N Suite, Apt. #, etc. 207 City & State Palm Harbor FL Zip 34683 Country Pinellas	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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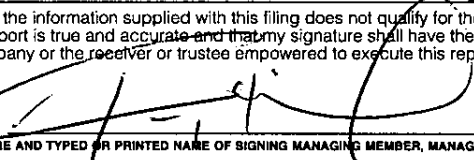
	
07012004 Chg-LLC	CR2E083 (10/03)
4. FEI Number 47-0933297	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRUG, STEWART L 1545 S. BELCHER RD. CLEARWATER, FL 33764	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	
Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSH, GARY L 1545 S. BELCHER RD. CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 7/1/04 Daytime Phone #: (727) 785-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	