


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90010 004 ****50.00

DOCUMENT # L03000026848 1. Entity Name PUR-WATER RECOVERY SYSTEMS, L.L.C.					
Principal Place of Business 2706 ALT 19 N # 207 PALM HARBOR, FL 34683			Mailing Address 1545 S. BELCHER RD. CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #.		3. Mailing Address 2706 ALT 19 N			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 207			
City & State		City & State Palm Harbor			
Zip	Country	Zip	Country	01062007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 47-0933297		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 KRUG, STEWART L 1545 S. BELCHER RD. CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name: Stewart L KRUG Street Address (P.O. Box Number is Not Acceptable): 4738 Pebble Brook Dr. City: Oldsmar FL Zip Code: 34627		
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 acknowledge the obligations of registered agent.					
SIGNATURE: <i>Stewart L Krug</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/07					
Filing Fee is \$50.00 Due by May 1, 2007		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gary L Hirsch 2706 ALT 19 N #207 Palm Harbor FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*