

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90022 037 ****50.00

DOCUMENT # L04000006198 1. Entity Name BARLOW WATER SERVICES L.L.C.	
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Principal Place of Business 184 HARDEN CIR 114 Wood Park Dr. WEWAHITCHKA, FL 32465	Mailing Address P.O. BOX 539 WEWAHITCHKA, FL 32465
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0716641	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

BARLOW, BOBBY J
~~184 HARDEN CIR~~ 114 Woodpark Dr.
 WEWAHITCHKA, FL 32465

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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: Bobby J. Barlow - Bobby J. Barlow - owner - MGR 3.2.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARLOW, BOBBY J 184 HARDEN CIR 114 Woodpark Dr. WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARLOW, SHANNON 184 HARDEN CIR 114 Woodpark Dr. WEWAHITCHKA, FL 32465
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bobby J. Barlow - Bobby J. Barlow 3.2.06 (850) 814-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #