

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011949

Entity Name: H2O PROS LLC

FILED  
Aug 08, 2006  
Secretary of State

## Current Principal Place of Business:

1505 SPARROW STREET  
LONGWOOD, FL 32750

## New Principal Place of Business:

25039 CHIPSHOT COURT  
SORRENTO, FL 32776

## Current Mailing Address:

P.O. BOX 520032  
LONGWOOD, FL 32752

## New Mailing Address:

FEI Number: 20-0775673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KOEPKE, TRENT A  
1505 SPARROW STREET  
LONGWOOD, FL 32750      US

## Name and Address of New Registered Agent:

KOEPKE, TRENT A  
25039 CHIPSHOT COURT  
SORRENTO, FL 32776      US

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

08/08/2006

Date

## MANAGING MEMBERS/MANAGERS:

Title:            OWN            ( ) Delete  
Name:           KOEPKE, TRENT A  
Address:        1505 SPARROW STREET  
City-St-Zip:    LONGWOOD, FL 32750

## ADDITIONS/CHANGES:

Title:            OWN            (X) Change ( ) Addition  
Name:           KOEPKE, TRENT A  
Address:        25039 CHIPSHOT COURT  
City-St-Zip:    SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TRENT KOEPKE

OWNE

08/08/2006

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