

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90179 004 \*\*\*\*50.00

<b>DOCUMENT # L04000024412</b>							
1. Entity Name ECONFINA WATER, L.L.C.							
Principal Place of Business 4705 ELAFIN RIVER PK LAMONT FL 32336			Mailing Address 4705 ELAFIN RIVER PK LAMONT FL 32336				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 20-2676583				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			7. Name and Address of New Registered Agent				
MACKAY, DAVID L C/O DAVID L. MACKAY ATTORNEY, P.A. 2801 SOUTHWEST COLLEGE ROAD, SUITE 9 Ocala FL 34474			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reconstituting)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>							
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECONFINA RESORT, INC.		NAME				
STREET ADDRESS	501 PAWNEE TRAIL		STREET ADDRESS				
CITY - ST - ZIP	MAITLAND FL 32751		CITY - ST - ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEFANELLI, ROBERT		NAME				
STREET ADDRESS	4705 ECONFINA RIVER RD		STREET ADDRESS				
CITY - ST - ZIP	LAMONT FL 32336		CITY - ST - ZIP				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACKAY, GEORGE		NAME				
STREET ADDRESS	501 PANREE TRAIL		STREET ADDRESS				
CITY - ST - ZIP	MAITLAND FL 32351		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Rob Stewart</u>			Date: <u>2/20/06</u>		Daytime Phone #: <u>850 584-2135</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							



ATTACHMENT

30000927

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

ECONFINA WATER, L.L.C.  
4705 ECONFINA RIVER RD  
LAMONT, FL 32336

Subject: ECONFINA WATER, L.L.C.

Reference Number: L04000024412

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION

*corrected.*  
*Please make*  
*Address change to*  
*4705 Econfina River Rd*  
*Lamont FL*  
*32336*