

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0400002442

1. Entity Name

ECONFINA WATER, L.L.C.



FILED

07 JUN 14 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2676583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: ECONFINA RESORT, INC.  
STREET ADDRESS: 501 PAWNEE TRAIL  
CITY-ST-ZIP: MAITLAND FL 32751 ☐ Delete

TITLE: P  
NAME: STEFANELLI, ROBERT  
STREET ADDRESS: 4705 ECONFINA RIVER RD  
CITY-ST-ZIP: LAMONT FL 32336 ☐ Delete

TITLE: VPS  
NAME: MACKAY, GEORGE  
STREET ADDRESS: 501 PANREE TRAIL  
CITY-ST-ZIP: MAITLAND FL 32351 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME: 300101463453  
STREET ADDRESS: 05/04/07--01005--004 \*\*200.00  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert Stefanelli, Jr 5/31/7 850 584 2135