

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063040

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: LIVING WATER INVESTMENTS, LLC

**Current Principal Place of Business:**

1160 MCKENZIE ROAD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 877  
CANTONMENT, FL 32533

**New Mailing Address:**

FEI Number: 26-0094081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGAHAN, GREGORY C  
4820 PILGRIM TRAIL W  
MOLINO, FL 32577 US

**Name and Address of New Registered Agent:**

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGAHAN, GREGORY C  
Address: 4820 PILGRIM TRAIL W  
City-St-Zip: MOLINO, FL 32577

Title: MGRM ( ) Delete  
Name: EVANS, LORENZO  
Address: 7270 NE OAKFIELD RD  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM ( ) Delete  
Name: EVANS, JOHN E  
Address: 8319 RALEIGH CIRCLE  
City-St-Zip: PENSACOLA, FL 32534

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY C MCGAHAN

MGRM

01/29/2009

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