

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000603

FILED
Apr 21, 2007
Secretary of State

Entity Name: CASCADE SPRING WATER, LLC

Current Principal Place of Business:

3253 WEST RIDGE BOULEVARD
ORLANDO, FL 32822

New Principal Place of Business:

1512 US 27 SOUTH
LAKE PLACID, FL 33852 US

Current Mailing Address:

3253 WEST RIDGE BOULEVARD
ORLANDO, FL 32822

New Mailing Address:

4214 WATERFRONT PKWY
ORLANDO, FL 32806 US

FEI Number: 20-4067230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, J B
3253 WEST RIDGE BOULEVARD
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

PETERSEN, J B
2924 COTTAGE GROVE CT
ORLANDO, FL 32822 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: J B PETERSEN

04/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETERSEN, J B
Address: 3253 WEST RIDGE BOULEVARD
City-St-Zip: ORLANDO, FL 32822

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETERSEN, J B
Address: 2924 COTTAGE GROVE CT
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Change (X) Addition
Name: LENTZ, J D
Address: 4214 WATERFRONT PKWY
City-St-Zip: ORLANDO, FL 32806 US

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: J B PETERSEN

MGRM

04/21/2007

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