

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005134

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** FALCON OF THE NILE WATER SOLUTIONS, LLC

**Current Principal Place of Business:**

19506 SABAL STREET  
ORLANDO, FL 32833

**New Principal Place of Business:**

**Current Mailing Address:**

16877 E. COLONIAL DR., #327  
ORLANDO, FL 32820

**New Mailing Address:**

**FEI Number:** 20-3740501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIST, DAVID S  
16877 E. COLONIAL DR., #327  
ORLANDO, FL 32820 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: MGR  
Name: GIST, DAVID S  
Address: 16877 E. COLONIAL DR., #327  
City-St-Zip: ORLANDO, FL 32820

Title: MGRM  
Name: GIST, SALLY K  
Address: 16877 E. COLONIAL DR., #327  
City-St-Zip: ORLANDO, FL 32820

I hereby 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: SALLY K GIST

MGRM

01/17/2011

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