2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# L06000030587

Entity Name: WATER-TEC, LLC

Current Principal Place of Business:

8359 BEACON BLVD
SUITE 309
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD
SUITE 309
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN P. DUGAN, P.A.
8359 BEACON BLVD
SUITE 401
FORT MYERS, FL 33907 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:	STEPHENS, OWEN L	
Address:	8359 BEACON BLVD., SUITE #309	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	FARNSWORTH, ROBERT L	
Address:	1342 COLONIAL BLVD, SUITE E-37	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	ISAACS, TONY	
Address:	1000 COLOR PLACE	
City-St-Zip:	APOPKA, FL 32703	

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 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: OWEN L. STEPHENS MGRM 03/05/2007

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