

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068294

FILED  
Mar 17, 2007  
Secretary of State

Entity Name: AFFORDABLE WATER TOYS, LLC

**Current Principal Place of Business:**

9473 WALNUT CREST DRIVE  
ORLANDO, FL 32832

**New Principal Place of Business:**

8421 S ORANGE BLOSSOM TRAIL  
SUITE 206  
ORLANDO, FL 32809

**Current Mailing Address:**

9473 WALNUT CREST DRIVE  
ORLANDO, FL 32832

**New Mailing Address:**

FEI Number: 20-5185831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCHRAN, GARY  
9473 WALNUT CREST DRIVE  
ORLANDO, FL 32832 US

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

METZLER, BRENT P  
215 CELEBRATION PLACE  
SUITE 170  
CELEBRATION, FL 34747 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: BRENT P METZLER

03/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COCHRAN, GARY  
Address: 9473 WALNUT CREST DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: MGR ( ) Delete  
Name: COCHRAN, JENNEFER  
Address: 9473 WALNUT CREST DRIVE  
City-St-Zip: ORLANDO, FL 32832

**ADDITIONS/CHANGES:**

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: GARY J COCHRAN

PRES

03/17/2007

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