


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90062 013 ***143.75

DOCUMENT # L06000084330	
1. Entity Name FLORIDA WATER SOLUTIONS, LLC	

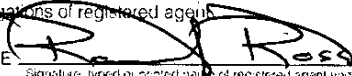
Principal Place of Business 1205 WILDROSE DRIVE LUTZ FL 33549	Mailing Address 1205 WILDROSE DRIVE LUTZ FL 33549
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2. Principal Place of Business - No P.O. Box # 1205 Wildrose Dr	3. Mailing Address 1205 Wildrose Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz Florida	City & State Lutz Florida
Zip 33549	Zip 33549
Country USA	Country USA

1st MOORE	CR2E083 (10/07)
4. FEI Number 75-3223389	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>


6. Name and Address of Current Registered Agent ROSS, RANDY N 1205 WILDROSE DR LUTZ FL 33549		7. Name and Address of New Registered Agent Name Randy N Ross Street Address (P.O. Box Number is Not Acceptable) 1205 Wildrose Dr City Lutz FL Zip Code 33549	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-8-8

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROSS, RANDY N 1205 WILDROSE DR LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.	
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SIGNATURE: 	DATE 4-8-8	Capital Phone # 813-352-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		