

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093875

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: AQUA PRO WATER SYSTEMS, LLC

**Current Principal Place of Business:**

2167 E HYDE DRIVE  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2167 E HYDE DRIVE  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 20-5655365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, BROWNLOW III  
2167 E HYDE DRIVE  
DELTONA, FL 32738 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: FOSTER, BROWNLOW III  
Address: 2167 E HYDE DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete  
Name: FOSTER, PATRICK S  
Address: 1877 NEW TOWN TERRACE  
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM ( ) Delete  
Name: CONKLIN, RICHARD C  
Address: 3841-3 SCHOOLHOUSE RD EAST  
City-St-Zip: FORT MYERS, FL 33916

**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 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: BROWNLOW FOSTER III

MGRM

04/30/2007

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