

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105883

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** OVATION WATER DEVELOPMENT, LLC

**Current Principal Place of Business:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAMPBELL, KIRBY J  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: SEDWICK, DRU A  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: CIPOLETTI, BRYAN  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: BALDWIN, GREGG W  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGRM  
Name: AG ARMSTRONG DEVELOPMENT, LLC  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGRM  
Name: ARMSTRONG DEVELOPERS  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

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: DRU A. SEDWICK

MGR

04/28/2010

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