2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/5/

FILED
May 25, 2004 8:00 am
Secretary of State
05-05-2004 90006 002 ****50.00

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DOCUMENT # L94000000300

1. Entity Name
BLUE RIDGE SPRING WATER, L.C.

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD., STE 1270 SUITE 3030 TAMPA, FL 33602	101 E. KENNEDY BLVD., STE 1270 SUITE 3030 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3252769
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, DEAN R
101 E. KENNEDY BLVD., STE 3030
SUITE 3030
TAMPA, FL 33602

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HENDERSON, DEAN R
STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3030
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: W Edwin Henderson Pres 5-20-04 (813)204-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mng Member