2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90042 038 ****50.00

DOCUMENT # L94000000300

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

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

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
100 NORTH TAMPA ST.	
Suite, Apt. #, etc.: Suite 1835 →	Suite, Apt. #, etc.: SAME
City & State: TAMPA, FLORIDA	City & State
Zip: 33602 Country: Hillsborough	Zip Country

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	7. Name and Address of New Registered Agent
HENDERSON, DEAN R ~~101 E. KENNEDY BLVD., STE 3030~~ ~~SUITE 3030~~ ~~TAMPA FL 33602~~	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 100 NORTH TAMPA ST. Suite 1835 City: TAMPA FL Zip Code 33602

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 [signature], Pres 4-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
DEAN R. Henderson

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HENDERSON, DEAN R 101 E. KENNEDY BLVD. SUITE 3030 TAMPA FL 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SAME 100 NORTH TAMPA St. Suite 1835 TAMPA Florida 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature], Pres. 4-20-06 (813) 204-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #