


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -6 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 15970668861376 NATURAL WATER, L.C. P.O. BOX 4174 1050 N. Beach Street ORMOND BEACH FL 32175 Po Box 4174 Holly Hill, FL 32119 ORMOND BEACH, FL 32175		1a. Principal Place of Business Address 487 JOHN ANDERSON DRIVE ORMOND BEACH FL 32174 1050 N. Beach Street Holly Hill, FL 32119			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/09/1997 4. FEI Number 59-3486974 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/15/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent NEUBAUER, DAVID F P.O. BOX 4174 487 JOHN ANDERSON DR. ORMOND BEACH FL 32175 32176			8. Name and Address of New Registered Agent/Office Name FF \$188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Wes 5/16 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reappointed)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NEUBAUER, DAVID F Neubauer Family Limited Partnership David Neubauer, General Partner	487 JOHN ANDERSON DRIVE		ORMOND BEACH FL 32176 200002868802--4 -05/10/99--01005--025 ****188.75 ****188.75	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>David Neubauer</u> 4/21/99 904679-SSSS					