FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L97000001376 04-30-2002 90039 025 ****50 00 NATURAL WATER, L.C. Principal Place of Business Mailing Address 1050 N. BEACH ST. P.O. BOX 250674 HOLLY HILL FL 32117 HOLLY HILL FL 32125 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3486974 Not Applicable Zip Country Ζip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANN, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 312 S. BRIGHTON DRIVE PORT ORANGE FL 32127 Zip Code City FL urpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE Change ☐ Addition TITLE **MGRM** ☐ Delete NAME NAME WATERLIFE TRUST STREET ADDRESS STREET ADDRESS 312 S. BRIGHTON DR. CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 role signature analysis are legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the limited liability company or the limited liability company or the receiver of the limited liability company or the limited liability company or the liability company of indicated on this report is true and accur-limited liability company or the receiver or

IANAGER, OR AUTHORIZED REPRESENTATIVE