

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90093 008 *****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M00000000175			
1. Entity Name AQUAPURE WATER SYSTEMS, L.L.C.			
Principal Place of Business 140 N. YEAGER COURT PELHAM, AL 35124		Mailing Address 140 N. YEAGER COURT PELHAM, AL 35124	
2. Principal Place of Business		2. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent. Assistant Secretary SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CRILLY, JOHN H 140 N YEAGER CT PELHAM, LA 35124 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition PELHAM AL. 35124
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRILLY, PAMELA J 140 N YEAGER CT PELHAM, LA 35124 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition PELHAM AL 35124
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SMITH, RICKY D 140 N YEAGER CT PELHAM, LA 35124 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition PELHAM AL. 35124
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BREWSTER, DAVID D ☒ Delete 140 N YEAGER CT PELHAM, LA 35124	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition MGR SWE MOSLEY 140 N. YEAGER CT PELHAM AL. 35124
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(X), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 7/28/05 205 6210090 Certify Person's	