


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000000175 1. Entity Name AQUAPURE WATER SYSTEMS, L.L.C.	
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Principal Place of Business 140 N. YEAGER COURT PELHAM, AL 35124	Mailing Address 140 N. YEAGER COURT PELHAM, AL 35124
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03132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1205653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

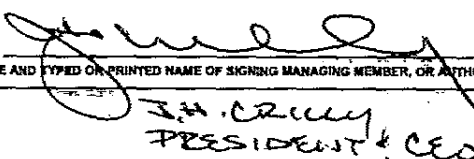
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRILLY, JOHN H 140 N YEAGER CT PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRILLY, PAMELA J 140 N YEAGER CT PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RICKY D 140 N YEAGER CT PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSELEY, STEVE 140 N YEAGER CT PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/27/07-80064-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **3-13-07** **205 621 0090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*John H. Crilly
 PRESIDENT & CEO*