

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000711

FILED
Jan 04, 2007
Secretary of State

Entity Name: FARMTON WATER RESOURCES LLC

Current Principal Place of Business:

C/O MIAMI CORP.
410 N. MICHIGAN AVE., ROOM 590
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI CORP.
410 N. MICHIGAN AVE., ROOM 590
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 75-3068614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNDERHILL, EARL M
1625 MAYTOWN ROAD
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAU, JOHN
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: HOGAN, RICHARD F
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: CARR, WALTER S
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: GOERING, BARBRA
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: MATES, DAVID E
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: TELES, NANCY A
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LONG, CHRISTINE M
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: MGR (X) Change () Addition
Name: GAGLIARDI, PATRICIA A
Address: 410 NORTH MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBRA GOERING

MGR

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date