


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90208 001 ****25.00
 02-10-2006 90208 002 ****25.00

DOCUMENT # M04000001091 1. Entity Name COMMUNITY WATER COMPANY, LLC	
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Principal Place of Business 1826 SOUTH MAIN STREET AKRON, OH 44301	Mailing Address 1826 SOUTH MAIN STREET AKRON, OH 44301
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01062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2444280	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

COOK, JAMES L
 7100 SUNSET WAY, PH7 WEST
 ST. PETE BEACH, FL 33706

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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, TERRY W 8010 ARLINGTON ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DAVID L 1826 SOUTH MAIN STREET AKRON, OH 44301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, JAMES L 7100 SUNSET WAY, PH7 WEST ST. PETE BEACH, FL 33706
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Terry W. Wolfe Date: 2-3-06 Daytime Phone #: 330 713 3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE