

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001815

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: DYER AQUA, LLC

**Current Principal Place of Business:**

1385 FLOWERING DOGWOOD LANE  
DYERSBURG, TN 38024

**New Principal Place of Business:**

**Current Mailing Address:**

1385 FLOWERING DOGWOOD LANE  
DYERSBURG, TN 38024

**New Mailing Address:**

FEI Number: 62-1681926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORMAN, ROBERT J ESQ.  
1209 DELAWARE AVE.  
FORT PIERCE, FL 34950 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: MGRM ( ) Delete  
Name: FORD, JOHN F  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

Title: MGRM ( ) Delete  
Name: WALKER, BILLY  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

Title: MGRM ( ) Delete  
Name: MOORE, JEAN  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

Title: MGRM ( ) Delete  
Name: FORD, W. KENT  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

Title: MGRM ( ) Delete  
Name: WALKER, JIMMIE  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

Title: MGRM ( ) Delete  
Name: MARYBETH KUHN WALKER, TRUST  
Address: 1385 FLOWERING DOGWOOD LANE  
City-St-Zip: DYERSBURG, TN 38024

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

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

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: BILLY WALKER

MGRM

03/21/2006

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