



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

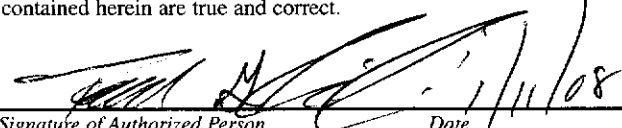
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>147594</b>		2. Exact name of the limited liability company <b>AWHR America's Water Heater Rentals, L.L.C.</b>					
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>WATER HEATER RENTAL</b>					
5. Principal office address <b>1215 Fern Ridge Pkwy Ste 216</b>				City <b>St Louis</b>	State <b>MO</b>	Zip <b>63141</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name <b>Todd Grzybinski</b>				Contact Title <b>General Manager</b>			
Street Address <b>1215 Fern Ridge Pkwy Ste 216</b>				City <b>St Louis</b>	State <b>MO</b>	Zip <b>63141</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name <b>Duncan Murdoch</b>				Manager Name <b>Tobias Bachteler</b>			
Street Address <b>125 West 55th St</b>				Street Address <b>125 West 55th St</b>			
City <b>New York</b>	State <b>NY</b>	Zip <b>10019</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10019</b>		
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11							
Agent Name <b>CT CORPORATION SYSTEM</b>				Address			
Address <b>10 WEYBOSSET STREET</b>				City <b>PROVIDENCE</b>	Zip <b>02903-</b>		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	<b>FILED</b>
Check No.	<b>JAN 28 2008</b>
By:	<b>By A20005 P20104</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

  
Signature of Authorized Person Date **1/11/08**

**Todd Grzybinski**  
Print or Type Name of Authorized Person