



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

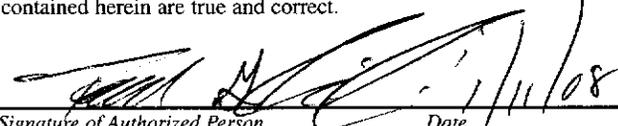
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147594		2. Exact name of the limited liability company AWHR America's Water Heater Rentals, L.L.C.					
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island WATER HEATER RENTAL					
5. Principal office address 1215 Fern Ridge Pkwy Ste 216				City St Louis	State MO	Zip 63141	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Todd Grzybinski				Contact Title General Manager			
Street Address 1215 Fern Ridge Pkwy Ste 216				City St Louis	State MO	Zip 63141	
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 Duncan Murdoch				Manager Name Tobias Bachteler			
Street Address 125 West 55th St				Street Address 125 West 55th St			
City New York	State NY	Zip 10019		City New York	State NY	Zip 10019	
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 CT CORPORATION SYSTEM				Address			
Address 10 WEYBOSSET STREET				City PROVIDENCE	Zip 02903-		

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

File Date	FILED
Check No.	JAN 28 2008
By:	By A20005 P20104
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