

L. TABOR

Enviro-Masters, Inc.
PO Box 771375
Ocala, FL 34477-1375

REDACTED

COM _____
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COMMISSION
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U.S. POSTAGE
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OCALA, FL
34474
DEC 08, '09
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\$6.48
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™
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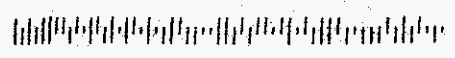


Office of Commission Clerk
Florida Public Service
Commission
2540 Shumard Oak
Blvd.

Tallahassee, FL
32399-0850

Docket # 090366-WU

DOCUMENT NUMBER-DATE
11855 DEC 10 08
FPSC-COMMISSION CLERK



ROCKET # 090366-WU

NOTICE OF APPLICATION FOR INITIAL CERTIFICATE
OF AUTHORIZATION FOR WATER

(Section 367.045, Florida Statutes)

LEGAL NOTICE

Notice is hereby given on _____, pursuant to Section 367.045, Florida Statutes, of the application of ARMA WATER SERVICE, LLC to operate a water utility to provide service to the following described territory in Marion County, Florida:

LEIGHTON ESTATES SUBDIVISION AS RECORDED IN PLAT BOOK "H", PAGE 28. MORE PARTICULARLY DESCRIBED AS FOLLOWS:

THE SW ¼; THE NW ¼; OF THE SE ¼; THE N ½ OF THE N ½ OF THE SW ¼ OF THE SE ¼ AND N ½ OF THE SE ¼ OF THE SE ¼; EXCEPT THE EAST 40.00 FEET OF THE N ½ OF THE SE ¼ OF THE SE ¼. SAID EXCEPTION BEING THE WEST 40.00 FEET OF THE RIGHT-OF-WAY OF COUNTY ROAD NO. 475-A (SAID RIGHT-OF-WAY BEING 80.00 FEET WIDE). ALL BEING IN SECTION 23, TOWNSHIP 14 SOUTH, RANGE 21 EAST, MARION COUNTY, FLORIDA AND CONTAINING 109.676 ACRES MORE OR LESS.

Any objection to the said application must be made in writing and filed with the Office of the Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, within thirty (30) days of this notice. At the same time a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.

ARMA WATER SERVICE, LLC
P.O. Box 771375
Ocala 34477-1375

DOCUMENT NUMBER-DATE

11855 DEC 10 8

FPSC-COMMISSION CLERK

POCKET # 090366-WV

DAVID R. ELLSPERMANN, CLERK OF COURT MARION COUNTY
DATE: 10/27/2009 09:58:23 AM
FILE #: 2009092502 OR BK 05270 PGS 1701-1702

This instrument prepared by
and please return to:



RECORDING FEES 18.50

DEED DOC TAX 210.00

DC

Name: DAVID L. MacKAY, ESQUIRE
DAVID L. MacKAY ATTORNEY, P. A.
Post Office Box 206
Ocala, Florida 34478-0206

Property Appraiser's
Parcel Identification No. R3570-002-005
and R3570-002-006

WARRANTY DEED

(STATUTORY FORM-SECTION 689.02, F.S.)

This Warranty Deed, made and executed the 13th day of October, A. D. 2009, by AN B REAL ESTATE INVESTMENTS, INC., a Florida corporation, and having its principal place of business at Post Office Box 85277, Hallandale, Florida, 33008-5277, hereinafter called the grantor, to ARMA WATER SERVICE, LLC, a Florida limited liability company, which has as its post office address Post Office Box 85277, Hallandale, Florida, 33008-5277, hereinafter called the grantee:

Witnesseth: That the Grantor, for and in consideration of the sum of TEN AND NO/100 Dollars, and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee, all that certain land situate in County, Florida, to-wit:

A portion of Lots 5 and 6, Block "B", LEIGHTON ESTATES, as per plat thereof recorded in Plat Book H, Pages 28 through 30, inclusive, of the Public Records of Marion County, Florida, being more particularly described as follows:

Begin at the Southwest Corner of said Lot 5, said point being on a non-tangent curve concave Northeasterly, having a radius of 334.91 feet, a central angle of 01°37'57" and a chord bearing and distance of N. 72°07'26" W., 9.54 feet; thence along the arc of said curve and the Northerly right of way of Berliner Drive (having a 50' right of way), a distance of 9.54 feet to the end of said curve; thence departing said Northerly right of way, N. 00°01'28" W., a distance of 178.46 feet; thence South 90°00'00" W., a distance of 45.65 feet; thence N. 00°01'28" W., a distance of 163.09 feet; thence N. 90°00'00" E., a distance of 21.03 feet; thence N. 00°01'28" a distance of 40.00 feet; thence N. 90°00'00" E., a distance of 190.83 feet; thence S. 00°01'28" E., a distance of 203.04 feet; thence S. 90°00'00 a distance of 126.21 feet; thence S. 00°01'28" E., a distance of 189.37 feet to the beginning of a non-tangent curve Northerly, having a radius of 334.91 feet, a central angle of 05°27'48", and a chord bearing and distance of N. 75°37'26" W., 31.92 feet; thence Westerly along the arc of said curve and said Northerly right of way of Berliner Drive, a distance of 31.94 feet to the Point of Beginning.

DOCUMENT NUMBER-DATE

11855 DEC 10 8

FPSC-COMMISSION CLERK

SUBJECT TO:

- 1. Ad valorem real property taxes for 2009 and subsequent years.
- 2. Covenants, conditions, restrictions, and easements of record, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land, and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances.

IN WITNESS WHEREOF, grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in our presence as witnesses:

A N B REAL ESTATE INVESTMENTS, INC., a Florida corporation

Beverly Sims
Signature/Witness #1

BEVERLY SIMS
Printed Name/Witness #1

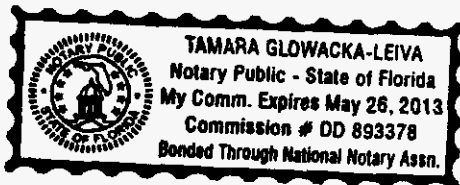
J. Hays
Signature/Witness #2

JASON H. LAING
Printed Name/Witness #2

By: Maria Barros
MARIA BARROS, President
Address: Post Office Box 85277
Hallandale, Florida 32008-5277

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 13 day of October, 2009, by MARIA BARROS, as President of A N B REAL ESTATE INVESTMENTS, INC.. a Florida corporation, on behalf of the corporation.



Tamara Glowacka-Leiva
(Signature, Notary Public, State of Florida)
(Print, Type or Stamp Commissioned Name of Notary Public)

CHECK ONE: Personally Known Produced Identification Type of Identification Produced: FL DL

Form **1065**

Department of the Treasury
Internal Revenue Service

Docket # 090366 W-U
U.S. Return of Partnership Income

OMB No. 1545-0099

PY008

For calendar year 2008, or tax year beginning _____ ending _____
▶ See separate instructions.

A Principal business activity SERVICE	Use the IRS label. Otherwise, print or type.	Name of partnership ARMA WATER SERVICE, LLC			D Employer identification number 26-2482086
B Principal product or service WATER		Number, street, and room or suite no. If a P.O. box, see the instructions. 900 WASHINGTON STREET			E Date business started 8/1/2007
C Business code number 221300		City or town HOLLYWOOD	State FL	ZIP code 33019	F Total assets (see the instructions) \$ 357,540

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**
- J** Check if Schedule M-3 attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a			
	b Less returns and allowances	1b			1c 0
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	0
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	0	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	
	16a Depreciation (if required, attach Form 4562)	16a	15,029		
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c	15,029
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
19 Employee benefit programs			19		
20 Other deductions (attach statement)			20	20,019	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	35,048	
22 Ordinary business income (loss). Subtract line 21 from line 8			22	-35,048	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

▶ _____ ▶ _____
Signature of general partner or limited liability company member manager Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 10/25/2009	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00615124
	Firm's name (or yours if self-employed), address, and ZIP code BENJAMIN T HAJDUK CPA PC 2 PERLMAN DRIVE STE 203 SPRING VALLEY State NY	EIN ▶ 13-3647399	Phone no. 845-352-0585	ZIP code 10977

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DOCUMENT NUMBER-DATE Form **1065** (2008)

11855 DEC 10 8

FPSC-COMMISSION CLERK

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	0

- 9a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (specify method used and attach explanation) ▶
- b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c)
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

Schedule B Other Information

- 1 What type of entity is filing this return? Check the applicable box:
- | | | | |
|--|---|-----|----|
| a <input type="checkbox"/> Domestic general partnership | b <input type="checkbox"/> Domestic limited partnership | Yes | No |
| c <input checked="" type="checkbox"/> Domestic limited liability company | d <input type="checkbox"/> Domestic limited liability partnership | | |
| e <input type="checkbox"/> Foreign partnership | f <input type="checkbox"/> Other ▶ | | |
- 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? X
- 3 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below X

(i) Name of Individual or Estate	(ii) Social Security Number or Employer Identification Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
ARNALDO BARROS	REDACTED	United States	50.000%
MARIA BARROS	REDACTED	United States	50.000%

- 4 At the end of the tax year, did the partnership:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

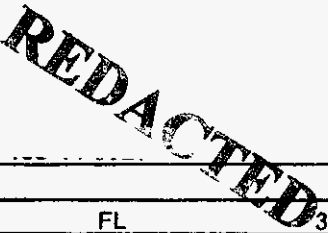
Yes	No
	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.	X	
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2008, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		X
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (including a disregarded entity) ▶ <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		

Designation of Tax Matters Partner (see instructions)
 Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	▶ MARIA BARROS	Identifying number of TMP	▶
Address of designated TMP	▶ 900 WASHINGTON STREET HOLLYWOOD FL 33019		



Line 20 (Form 1065) - Other Deductions

1	Insurance	1	4,891
2	Licenses & Fees	2	389
3	Maintenance	3	500
4	Utilities	4	1,617
5	Water Treatment	5	10,118
6	Management fee	6	2,504
7	Total other deductions	7	20,019

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ File a separate application for each return.
▶ See separate instructions.

Type or Print

Name	ARMA WATER SERVICE, LLC	Identifying number	26-2482086
Number, street, and room or suite no. (If P.O. box, see instructions.)			
900 WASHINGTON STREET			
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).			
HOLLYWOOD	FL	33019	

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 8804

1a Enter the form code for the return that this application is for (see below) **09**

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(C)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-RETI	23
Form 1041-99T	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 1120-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-NB	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .

5a The application is for calendar year 20 08 , or tax year beginning _____, 20 _____, and ending _____, 20 _____

b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)	8	0

Schedule K-1 (Form 1065)

2008

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ... 2008 ending ... 20

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Final K-1 Amended K-1

OMB No. 1545-0099

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Category. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss).

Part I Information About the Partnership

Form fields for Part I: A Partnership's employer identification number (26-2482086), B Partnership's name, address, city, state, and ZIP code (ARMA WATER SERVICE, LLC, 900 WASHINGTON STREET, HOLLYWOOD, FL 33019), C IRS Center where partnership filed return (Ogden, UT 84201-0011), D Check if this is a publicly traded partnership (PTP).

Part II Information About the Partner

Form fields for Part II: E Partner's identifying number (Partner: 1), F Partner's name, address, city, state, and ZIP code (ARNALDO BARROS, 900 WASHINGTON STREET, HOLLYWOOD, FL 33019), G General partner or LLC member-manager (checked), Limited partner or other LLC member, H Domestic partner (checked), Foreign partner, I What type of entity is this partner? (Active individual), J Partner's share of profit, loss, and capital (see instructions): Beginning/Ending table for Profit (50%), Loss (50%), Capital (50%), K Partner's share of liabilities at year end: Nonrecourse, Qualified nonrecourse financing (\$199,675), Recourse.

Form fields for Part III: L Partner's capital account analysis: Beginning capital account (\$-3,381), Capital contributed during the year, Current year increase (decrease) (\$-17,524), Withdrawals & distributions, Ending capital account (\$-20,905). Includes checkboxes for Tax basis, GAAP, Section 704(b) book, and Other (explain).

*See attached statement for additional information. For IRS Use Only

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2008

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning _____, 2008 ending _____, 20

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 26-2482086
B Partnership's name, address, city, state, and ZIP code ARMA WATER SERVICE, LLC 900 WASHINGTON STREET HOLLYWOOD FL 33019
C IRS Center where partnership filed return Ogden, UT 84201-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 2
F Partner's name, address, city, state, and ZIP code MARIA BARROS 900 WASHINGTON STREET HOLLYWOOD, FL 33019
G General partner or LLC member-manager [X] Limited partner or other LLC member
H Domestic partner [X] Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.0% 50.0%
Loss 50.0% 50.0%
Capital 50.0% 50.0%
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$ 199,676
Recourse \$
L Partner's capital account analysis:
Beginning capital account \$ -3,382
Capital contributed during the year \$
Current year increase (decrease) \$ -17,524
Withdrawals & distributions \$ ()
Ending capital account \$ -20,906
Tax basis GAAP Section 704(b) book Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Category. Includes rows for Ordinary business income (loss) -17,524, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss) 17, Alternative minimum tax (AMT) items, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) 18, Tax-exempt income and nondeductible expenses, Other income (loss), Section 179 deduction, Other deductions, Other information, Self-employment earnings (loss) A -17,524.

*See attached statement for additional information. For IRS Use Only

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-35,048
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	-35,048
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16b	
	b Gross income from all sources	16c	
	c Gross income sourced at partner level Foreign gross income sourced at partnership level	16f	
	d Passive category ▶ e General category ▶ f Other ▶ Deductions allocated and apportioned at partner level	16h	
	g Interest expense ▶ h Other ▶ Deductions allocated and apportioned at partnership level to foreign source income	16k	
	i Passive category ▶ j General category ▶ k Other ▶	16l	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16m	
	m Reduction in taxes available for credit (attach statement)		
	n Other foreign tax information (attach statement)		
	Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a
b Adjusted gain or loss		17b	
c Depletion (other than oil and gas)		17c	
d Oil, gas, and geothermal properties—gross income		17d	
e Oil, gas, and geothermal properties—deductions		17e	
f Other AMT items (attach statement)		17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	-35,048
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners							-35,048

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash					0
2a Trade notes and accounts receivable					
b Less allowance for bad debts			0		0
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7 Mortgage and real estate loans					
8 Other investments (attach statement)					
9a Buildings and other depreciable assets		375,700		375,700	
b Less accumulated depreciation		3,131	372,569	18,160	357,540
10a Depletable assets					
b Less accumulated depletion			0		0
11 Land (net of any amortization)					
12a Intangible assets (amortizable only)					
b Less accumulated amortization			0		0
13 Other assets (attach statement)					
14 Total assets			372,569		357,540
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)					
18 All nonrecourse loans					
19 Mortgages, notes, bonds payable in 1 year or more			379,332		399,351
20 Other liabilities (attach statement)					
21 Partners' capital accounts			(6,763)		(41,811)
22 Total liabilities and capital			372,569		357,540

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return
 Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	(35,048)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(35,048)
5 Add lines 1 through 4	(35,048)		

Schedule M-2 Analysis of Partners' Capital Accounts	
1 Balance at beginning of year	(6,763)
2 Capital contributed:	
a Cash	
b Property	
3 Net income (loss) per books	(35,048)
4 Other increases (itemize):	
5 Add lines 1 through 4	(41,811)
6 Distributions:	
a Cash	
b Property	
7 Other decreases (itemize):	
8 Add lines 6 and 7	
9 Balance at end of year. Subtract line 8 from line 5	(41,811)

Florida Partnership Information Return



For the taxable year beginning 1/1/2008 and ending 12/31/2008.

Rule 12C-1.051
Florida Administrative Code
Effective 01/09

ARMA WATER SERVICE, LLC <small>Name of Partnership</small>			26-2482086 <small>Federal Employer Identification Number (FEIN)</small>	
900 WASHINGTON STREET <small>Street Address</small>				
HOLLYWOOD <small>City</small>	FL <small>State</small>	33019 <small>ZIP</small>	221300 <small>Principal Business Activity Code</small>	

Part I. Florida Adjustment to Partnership Income

A. Additions to federal income:			
1. Federal tax exempt interest Total interest excluded from federal ordinary income	0.00		
Less associated expenses not deductible in computing federal ordinary income	()		
	Net Interest	0.00	
2. State income taxes deducted in computing federal ordinary income		0.00	
3. Other additions			
		Total	A. 0.00
B. Subtractions from federal income			
C. Sub-total (Line A less Line B)			
D. Net adjustment from other partnerships or joint ventures			
E. Partnership income adjustment			
1. Increase (total of Lines C and D)			E. 1. 0.00
2. Decrease (total of Lines C and D)			2. ()

Part II. Distribution of Partnership Income Adjustment

Partner's name and address (Include FEIN) <small>Note: If there is no adjustment on Line E, show partner's percentage of profits in Column (b) and leave Columns (a) and (c) blank.</small>	(a) Amount shown on Line E, Part I, above	(b) Partner's percentage of profits	(c) Column (a) times Column (b) = partner's share of Line E. <small>Enter here and on F-1120, Schedule I, Line 16 (if decrease, Schedule II, Line 9)</small>
A. ARNALDO BARROS 900 WASHINGTON STREET HOLLYWOOD, FL 33019 261-66-1332	0.00	50.0000%	0.00
B. MARIA BARROS 900 WASHINGTON STREET HOLLYWOOD, FL 33019 108-44-0320	0.00	50.0000%	0.00
C.	0.00	0.0000%	0.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	<small>Signature of partner or member (Must be an original signature.)</small>	<small>Date</small>	
Paid Preparer's Only	<small>Preparer's Signature</small>	<small>Date</small> 10/25/2009	<small>Preparer's Tax Identification Number (PTIN)</small> P00615124
	<small>Firm's name (or yours if self-employed) and address</small>	<small>FEIN</small> 13-3647399	<small>ZIP</small> 10977
	BENJAMIN T HAJDUK CPA PC 2 PERLMAN DRIVE STE 203, SPRING		

Mail To: Florida Department of Revenue, 5050 W. Tennessee St., Tallahassee FL 32399-0135



NOTE: Please read instructions (Form F-1065N) before completing the schedules below.

Part III. Apportionment Information				
III-A. For use by partnerships doing business both within and without Florida	(a) Within Florida		(b) Total Everywhere	
1. Average value of property per Schedule III-C (Line 8)	0.00		0.00	
2. Salaries, wages, commissions, and other compensation paid or accrued in connection with trade or business for the period covered by this return	0.00		0.00	
3. Sales	0.00		0.00	
III-B. For use by partnerships providing transportation services within and without Florida	(a) Within Florida		(b) Total Everywhere	
1. Transportation services revenue miles (see instructions)				
III-C. For use in computing average value of property	Within Florida		Total Everywhere	
	a. Beginning of Year	b. End of Year	a. Beginning of Year	b. End of Year
1. Inventories of raw material, work in process, finished goods	0.00	0.00	0.00	0.00
2. Buildings and other depreciable assets (at original cost)	0.00	0.00	0.00	0.00
3. Land owned (at original cost)	0.00	0.00	0.00	0.00
4. Other tangible assets (at original cost) and intangible assets (financial organizations only). Attach schedule	0.00	0.00	0.00	0.00
5. Total (Lines 1 through 4).	0.00	0.00	0.00	0.00
6. Average value of property in Florida (Within Florida), add Line 5, Columns (a) and (b) and divide by 2. For average value of property everywhere (Total Everywhere), add Line 5, Columns (c) and (d) and divide by 2.	0.00		0.00	
7. Rented property - (8 times net annual rent)	0.00		0.00	
8. Total (Lines 6 and 7). Enter on Part III-A, Line 1, Columns (a) and (b)	0.00		0.00	
	Average Florida		Average Everywhere	

Part IV. Apportionment of Partners' Share							
Partner (Name and Address)	Percent of Interest in Partnership	Property Data		Payroll Data		Sales Data	
		Within Florida	Everywhere	Within Florida	Everywhere	Within Florida	Everywhere
A.	0.0000%	0.00	0.00	0.00	0.00	0.00	0.00
B.	0.0000%	0.00	0.00	0.00	0.00	0.00	0.00
C.	0.0000%	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Transfer data to Schedule III - A, Form F-1120.

Partner's Share of Income
Substitute State Schedule K-1

FL

2008

For calendar year 2008 or tax year beginning 2008 and ending 20

Partner's identifying number	Partnership's identifying number
Partner's name, address, and ZIP code #1 ARNALDO BARROS 900 WASHINGTON STREET HOLLYWOOD, FL 33019	Partnership's name, address, and ZIP code ARMA WATER SERVICE, LLC 900 WASHINGTON STREET HOLLYWOOD, FL 33019

Partner's percentage 50.000000% Entity Type Active Individual

Nonresident

Amended Final

Part II - Distribution of Partnership Income Adjustment

1 Partner's share of net partnership income adjustment 1 0.00

Part IV - Information for Apportionment of Partners' Share

	Within Florida	Everywhere
1 Property data 1	0.00	0.00
2 Payroll data 2	0.00	0.00
3 Sales data 3	0.00	0.00
4 Transportation services revenue miles 4	0.00	0.00