

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR 19 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-1749040** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required - - -

DOCUMENT # L03000022301

1. Entity Name
WELLER POOLS, LLC

Principal Place of Business 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703	Mailing Address 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**VON WELLER, HAROLD J III
1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER POOL CONSTRUCTORS, INC. <input type="checkbox"/> Delete 1821 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM VON WELLER, H J <input type="checkbox"/> Delete 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREC RUDASILL, CHRISTOPHER R <input type="checkbox"/> Delete 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PIPKORN, TIMOTHY G <input type="checkbox"/> Delete 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUHELA, JOHN <input type="checkbox"/> Delete 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OREN, JACK <input type="checkbox"/> Delete 1821 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 900095246059 03/29/07--01050--011 **50.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy G Pipler* 3/16/07 407-880-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Additional Officer

Title UP
Name Bill West
Address 1821 S. Orange Blossom Trail
City Apopka, FL 32703