


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000022525  
1. Entity Name  
SPIES POOL, LLC



Principal Place of Business  
415 BROADWAY  
KISSIMMEE, FL 34741

Mailing Address  
415 BROADWAY  
KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**



03022006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0061654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOONTS, TODD L 415 BROADWAY KISSIMMEE, FL 34741
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LIB0000453071  
03/18/06-00015-000 50.00

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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 603, Florida Statutes.

SIGNATURE: Todd L Koonts 3/2/06 (407) 847-2771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #