


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011355
 1. Entity Name
 THE POOL CONNECTION, LLC



Principal Place of Business 906 E. MAGNOLIA STREET ARCADIA, FL 34266	Mailing Address 906 E. MAGNOLIA STREET ARCADIA, FL 34266
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DO NOT WRITE IN THIS SPACE



01202006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0719089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMES, CPA, CFP, ANDREW T
 128 WEST OAK STREET
 ARCADIA, FL 34266

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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**

100000508717
 04/28/06-80016-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOSSER, HENRY 906 E. MAGNOLIA STREET ARCADIA, FL 34266
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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 608, Florida Statutes.

SIGNATURE: Aspa Date: 1/28/06 Daytime Phone #: (863) 484-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE