

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037740

FILED
Apr 16, 2008
Secretary of State

Entity Name: WELLER POOLS INTERNATIONAL, LLC

Current Principal Place of Business:

1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-1148907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLER POOLS LLC,
Address: 1821 S ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703 US

Title: VP () Delete
Name: TUHELA, JOHN MR
Address: 1821 S ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703 US

Title: CFO () Delete
Name: PIPKORN, TIMOTHY MR
Address: 1821 S ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703 US

Title: PRES () Delete
Name: RUDASILL, CHRISTOPHER
Address: 1821 S ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703 US

Title: CHRM () Delete
Name: VON WELLER, H J
Address: 1821 S. ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: OREN, JACK D MR
Address: 1821 S. ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 PIPKORN

CFO

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date