

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067296

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** EZ SWIM LLC

**Current Principal Place of Business:**

1920 FLOWER DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31387  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERRILL, GARY  
1920 FLOWER DRIVE  
PALM BEACH GARDENS, FL 33410    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:           MERRILL, GARY  
Address:        P.O. BOX 211897  
City-St-Zip:    PALM BEACH GARDENS, FL 33421

**ADDITIONS/CHANGES:**

Title:            MGRM    (X) Change ( ) Addition  
Name:           MERRILL, GARY  
Address:        1920 FLOWER DRIVE  
City-St-Zip:    PALM BEACH GARDENS, FL 33420

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY MERRILL

MGRM

04/30/2006

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