


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 015 ****50.00

DOCUMENT # L05000043047

1. Entity Name
AQUAROCK POOLS, LLC



Principal Place of Business 4881 CYPRESSWOODS DR 3314 ORLANDO, FL 32811 US	Mailing Address 4881 CYPRESSWOODS DR 3314 ORLANDO, FL 32811 US
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60043000



2. Principal Place of Business - No P.O. Box # 4087 Navigator Way Suite, Apt. #, etc.	3. Mailing Address 4087 Navigator Way Suite, Apt. #, etc.
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01092007 Chg-LLC CR2E083 (12/06)

City & State Kissimmee FL	City & State Kissimmee	4. FEI Number 20-2803712	Applied For Not Applicable
Zip 34746	Country Osceola	Zip 34746	Country Osceola

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

AGUADO, CARLOS A
 4881 CYPRESSWOODS DR
 3314
 ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name **Aguaado Carlos A**
 Street Address (P.O. Box Number is Not Acceptable)
 4087 Navigator Way
 City **Kissimmee** **FL** Zip Code **34746**

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUADO, CARLOS A <input checked="" type="checkbox"/> Delete 4881 CYPRESS WOODS DR #3314 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aguaado, carlos A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4087 Navigator way Kissimmee, FL 34746
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
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: CARLOS A AGUADO 3/13/07 407 947 4146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #