

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038245

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: MERMAID POOLS OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

901 NORTH POINT PKWY  
STE 117  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTH POINT PKWY  
STE 117  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 20-4726712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

T J ENTERPRISE INC OF PALM BEACH  
11420 FORTUNE CIRCLE I-3  
WEST PALM BEACH, FL 33414 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: T J ENTERPRISE INC O, F PALM BEACH  
Address: 11420 FORTUNE CIRCLE I-3  
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MGR ( ) Delete  
Name: FURNISH, CARROLL  
Address: 6133 GUN CLUB RD  
City-St-Zip: WEST PALM BEACH, FL 33415 US

**ADDITIONS/CHANGES:**

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

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

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: TADD JONES

MGRM

04/10/2007

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