


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002851

1. Entity Name
KING NEPTUNE POOL SERVICE, LLC.



Principal Place of Business 7120 SAINT JOHN'S WAY UNIVERSITY PARK, FL 34201	Mailing Address 7120 SAINT JOHN'S WAY UNIVERSITY PARK, FL 34201
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04262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0991535	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ROSE M
 1103 FLORIDA AVE., SUITE 4
 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LESUR, PATRICK 7120 SAINT JOHN'S WAY UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHANDELLIER, DIDIER 7120 SAINT JOHN'S WAY UNIVERSITY PARK, FL 34201
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04262004 No Chg-LLC
 CR2E083 (10/03) \$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **04.26.04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #