

**2005 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT# L02000011214**

1. Entity Name

**COBAN POOLS, LLC**

**FILED**  
**Nov 17, 2006 8:00 A.M.**  
**Secretary of State**

Principal Place of Business Mailing Address  
**5628 ROCK ISLAND RD., APT. 193 9201 LIME BAY BLVD. #315**  
**TAMARAC FL 33319 TAMARAC FL 33321**

2. Principal Place of Business 3. Mailing Address  
**8865 RAMBLEWOOD DR 8865 RAMBLEWOOD DR**  
Suite Apt. #, etc. Suite Apt. #, etc.  
**SUITE 1906 SUITE 1906**  
City & State City & State  
**CORAL SPRINGS, FLORIDA CORAL SPRINGS, FLORIDA**  
Zip Country Zip Country  
**33071 33071**

DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0616073** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required  
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**FAJARDO, LUIS** **TAX HOUSE CORPORATION**  
**5628 ROCK ISLAND RD., APT. #193** Street Address (P.O. Box Number is Not Acceptable)  
**TAMARAC FL 33319** **1261 E SAMPLE ROAD**  
City Zip Code  
**Pompano Beach FL 33064**

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  Account ANT 11/15/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW! FEE IS \$50.00**  
Make Check Payable to Department of State  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS FAJARDO 5628 ROCK ISLAND ROAD, APT. #193 TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS FAJARDO 8865 RAMBLEWOOD DR, SUITE 1906 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081956987 11/20/06--01049--021 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081956987 11/20/06--01049--022 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or member of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**LUIS FAJARDO- MGRM**

11/15/06 (954) 822 6372  
Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2005 and 2006 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

*Re: Filing of Uniform Business Report 2005 and 2006*

**L02000011214**

**COBAN POOLS, LLC**

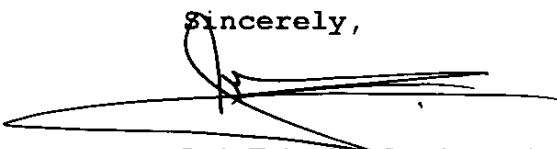
To Whom It May Concern:

This letter is to inform you that we have never received a 2005 Uniform Business Report form in the mail. For that reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$50.00 per year and accept the filling of our attached UBR, which has been prepared by our accountant. Please find enclose two checks of \$50.00 for 2005 and 2006 UBR fees.

Any questions or concern, feel free to contact me.

Sincerely,



Luis Fajardo - President (954) 822 6372  
**COBAN POOLS, LLC**  
8865 Ramblewood Dr, Suite 1906  
Coral Springs, FL 33071