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03 SEP 15 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018893

1. Entity Name
POOL & SPA CENTER, L.L.C.

Principal Place of Business
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

Mailing Address
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

2. Principal Place of Business	3. Mailing Address
18851 NE 29th AVE	18851 NE
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
Zip 33180 Country USA	Zip 33180 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3080495 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
ROTH ROUSSO & DARRACH, P.A.
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name LEONARDO A. ROTH, ESQ
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AVE, STE 900
City AVENTURA FL Zip Code 33180

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 [signature] LEONARDO A. ROTH, ESQ 9/10/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	MGMR ☐ Change ☐ Addition
NAME	ALONSO, ADOLFO JOSE B		NAME	BRUZZONE ALONSO, ADOLFO JOSE
STREET ADDRESS	~~3440 HOLLYWOOD BLVD., STE 360~~		STREET ADDRESS	18851 NE 29th AVE., SUITE 900
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM	☐ Delete	TITLE	MGMR ☐ Change ☐ Addition
NAME	ALONSO, DANIEL LISANDR B		NAME	BRUZZONE ALONSO, DANIEL LISANDRO
STREET ADDRESS	~~3440 HOLLYWOOD BLVD., STE 360~~		STREET ADDRESS	18851 NE 29th AVE, SUITE 900.
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33180
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	400023045884
STREET ADDRESS			STREET ADDRESS	09/15/03--01019--003 **50.00
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

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: [signature] ALONSO BRUZZONE, MGMR. 9/10/03 786-279-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #