

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90025 001 \*\*\*\*50.00

60010046



02222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0155829	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

DOCUMENT # L02000023504  
1. Entity Name  
POOLDEVELOPERPRO.COM, LLC



Principal Place of Business 360 NE 4TH STREET DELRAY BEACH, FL 33483	Mailing Address 360 NE 4TH STREET DELRAY BEACH, FL 33483
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RIDOLFO, PHILLIP T JR., ESQ  
GREENBERG TRAUIG, P.A.  
777 S. FLAGLER DRIVE, SUITE 300 EAST  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REARDON, THOMAS 151 N LAKESHORE DR 360 NE 4TH ST. 33483 AYPLOXO, FL 33462 DELRAY BEACH, FL
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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE