

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024661**

1. Entity Name  
**FLEMING ISLAND CUSTOM POOLS, LLC**



Principal Place of Business  
**3919 SUSAN DR.  
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address  
**3919 SUSAN DR.  
GREEN COVE SPRINGS, FL 32043 US**



07012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3063752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**KIRKER, STEVEN E  
3919 SUSAN DR.  
GREEN COVE SPRINGS, FL 32043**

**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

*Steven E. Kirker*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

1100000166922  
07/19/04-80004-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIRKER, STEVEN E 3919 SUSAN DR GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OWNBY, BRYAN L 2339 NORTH FORK RD GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Steven E. Kirker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #