2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 21, 2004 8:00 am
Secretary of State
05-14-2004 90448 014 ****50.00

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1. Entity Name
POOLS WITH A PORPOISE, LLC

Principal Place of Business	Mailing Address
100 OLD CARRIAGE ROAD PONCE INLET, FL 32127	100 OLD CARRIAGE ROAD PONCE INLET, FL 32127

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2063055
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRICK, DONN J
100 OLD CARUDGE RD
PORT ORANGE, FL 32127

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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 required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FRICK, DONN J
STREET ADDRESS	100 OLD CARRIDGE RD
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6-16-04 386-756 1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #