

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030320

FILED
Apr 15, 2005
Secretary of State

Entity Name: NASSAU POOLS CONSTRUCTION OF CHARLOTTE COUNTY, LLC

Current Principal Place of Business:

3420 WESTVIEW DRIVE
NAPLES, FL 34104

New Principal Place of Business:

215 EAST ANN STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

3740 27TH AVENUE SW
NAPLES, FL 34117

New Mailing Address:

FEI Number: 43-1983751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIE, PAMELA J
3740 27TH AVE. SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GUIE, PAMELA J
Address: 3420 WESTVIEW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: GUIE, PARRIS
Address: 3740 27TH AVE. SW
City-St-Zip: NAPLES, FL 34117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUIE, PAMELA J
Address: 3740 27TH AVE. SW
City-St-Zip: NAPLES, FL 34117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: RICHARD, ROLAN
Address: 828 ELLICOTT CR NW
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAMELA GUIE

MGRM

04/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date