

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003886

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: FREESTYLE POOLS & SPAS, LLC

**Current Principal Place of Business:**

725 MONTE CRISTO BOULEVARD  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

6222 TOWER LANE  
8A  
SARASOTA, FL 34240

**Current Mailing Address:**

725 MONTE CRISTO BOULEVARD  
TIERRA VERDE, FL 33715

**New Mailing Address:**

6222 TOWER LANE  
8A  
SARASOTA, FL 34240

FEI Number: 02-0674261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASELS, WILLIAM V JR.  
725 MONTE CRISTO BOULEVARD  
TIERRA VERDE, FL 33715 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: CASELS, WILLIAM V  
Address: 725 MONTE CRISTO BOULEVARD  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM ( ) Delete  
Name: OSBORNE, MARK  
Address: 725 MONTE CRISTO BOULEVARD  
City-St-Zip: TIERRA VERDE, FL 33715

**ADDITIONS/CHANGES:**

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

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

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: WILLIAM V CASELS JR

MGRM

03/01/2005

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