

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 034 ****55.00

DOCUMENT # L03000009184

1. Entity Name
POOL SENSATIONS, LLC



Principal Place of Business Mailing Address
 1329 GULF BEACH DRIVE 1329 GULF BEACH DRIVE
 ST. GEORGE ISLAND, FL 32328 ST. GEORGE ISLAND, FL 32328

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
300158042 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 OSTYNSKI, KATHLEEN B
 1329 GULF BEACH DRIVE
 ST. GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: Kathleen B Ostynski DATE: 7-2-04
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	OSTYNSKI, KATHLEEN B	1329 GULF BEACH DRIVE	ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CFD	Robin R. Whitmire	1329 E. Gulf Beach Drive	St. George Island, FL 32328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Russell David Strickland	1329 E. Gulf Beach Drive	St. George Island, FL 32328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Kathleen B Ostynski Date: 7-2-04 Daytime Phone #: 850-927-2857
850-927-2944