2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# L03000009184

Entity Name: POOL SENSATIONS, LLC

Current Principal Place of Business:

1329 GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

Current Mailing Address:

1329 GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328

New Mailing Address:

FEI Number: 30-0158042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTYNSKI, KATHLEEN B
1329 GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328 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:	OSTYNSKI, KATHLEEN B	
Address:	1329 GULF BEACH DRIVE	
City-St-Zip:	ST. GEORGE ISLAND, FL 32328	
Title:	CFO	(X) Delete
Name:	WHITMIRE, ROBIN R	
Address:	1329 E. GULF BEACH DRIVE	
City-St-Zip:	ST. GEORGE ISLAND, FL 32328	
Title:	S	(X) Delete
Name:	STRICKLAND, RUSSELL DAVID	
Address:	1329 E. GULF BEACH DRIVE	
City-St-Zip:	ST. GEORGE ISLAND, FL 32328	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KATHLEEN B. OSTYNSKI MGMR 02/07/2005

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