



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

07-23-2004 90068 027 ****50.00

DOCUMENT # L03000011536 1. Entity Name POOL NURSE, LLC																											
Principal Place of Business 1570 WERNER DRIVE ALVA FL 33920		Mailing Address 1570 WERNER DRIVE ALVA FL 33920																									
2. Principal Place of Business 2340 GARDNER RD Suite, Apt. #, etc.		3. Mailing Address 2340 GARDNER RD Suite, Apt. #, etc.																									
City & State ALVA, FL Zip 33920 Country USA		City & State ALVA, FL Zip 33920 Country USA																									
4. FEI Number 23-57836		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)																									
6. Name and Address of Current Registered Agent WARNER, SHERRY 1570 WERNER DRIVE ALVA FL 33920		7. Name and Address of New Registered Agent Name N/A 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 N/A (NOTE: Registered Agent signature required when resigning) DATE																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP OWNER-MANAGER SHERRY WARNER 2340 GARDNER RD. ALVA, FL, 33920 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP OWNER-MANAGER SHERRY WARNER 2340 GARDNER RD. ALVA, FL, 33920	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sherry L. Warner  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

8-11-04