
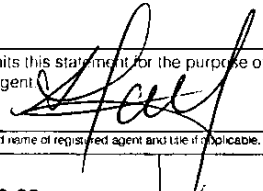
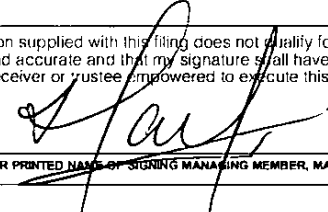


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 005 ****50.00

DOCUMENT # L03000020414					
1. Entity Name MIAMI BEACH POOLS, LLC					
Principal Place of Business 1948 NE 123RD STREET 101 MIAMI, FL 33181 US			Mailing Address P.O. BOX 547005 SURFSIDE, FL 33154 US		
2. Principal Place of Business - No P.O. Box 8859 GARLAND AVE. Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State SURFSIDE, FL			City & State		
Zip 33154		Country USA		4. FEI Number 56-2365151	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PAONESSA, LOURDES 1948 NE 123RD STREET 101 N. MIAMI, FL 33181					
7. Name and Address of New Registered Agent Name: PAONESSA, LOURDES Street Address (P.O. Box Number is Not Acceptable): 8859 GARLAND AVE. City: SURFSIDE FL Zip Code: 33154					
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:  DATE: 04/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 1948 NE 123RD STREET, SUITE 101 N. MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 8859 GARLAND AVE. SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERBOV, JORGE 1948 NE 123RD STREET, SUITE 101 N. MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERBOV II, JORGE 8859 GARLAND AVE. SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 04/30/07 305 9818400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					