

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (Am)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90194 041 ****55.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000035777 1. Entity Name TREASURE COAST POOL SERVICE LLC					
Principal Place of Business 8085 133RD PLACE SEBASTIAN FL 32958			Mailing Address P.O. BOX 100 ROSELAND FL 32957-0100		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 32-0092985	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOLFF, PATRICK 8085 133RD PLACE SEBASTIAN FL 32958				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Patrick A. Wolff</i></u> Patrick A. Wolff (Manager) 1-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Manager</i> <i>Patrick A. Wolff</i> <i>8085 133rd Place</i> <i>Sebastian, FL 32958</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <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: <u><i>Patrick A. Wolff</i></u> Patrick A. Wolff (Manager) 1-29-04 727-589-3514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					