


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000042648</b> 1. Entity Name <b>ANOTHER PERFECT POOL, LLC</b>	
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Principal Place of Business <b>P.O. BOX 1417 DESTIN, FL 32540</b>	Mailing Address <b>P.O. BOX 1417 DESTIN, FL 32540</b>
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**DO NOT WRITE IN THIS SPACE**



02192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0359445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOWEN, HOMER B JR.  
411 ANDERSON DRIVE  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

0000000838893  
04/28/08-80016-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOWEN, HOMER B JR 411 ANDERSON DRIVE DESTIN, FL 32541</b>
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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:** *H. Bradford Bravender* **4/10/08** **(850) 225-7523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #