



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044302</b> 1. Entity Name <b>AQUATIC DESIGNS CUSTOM POOLS &amp; SPAS, LLC</b>	
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Principal Place of Business <b>1890 GLENWOOD OAKS LANE DELAND, FL 32720</b>	Mailing Address <b>1890 GLENWOOD OAKS LANE DELAND, FL 32720</b>
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**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0505462</b>	Applied For 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

**REBRES, ROBERT J  
1890 GLENWOOD OAKS LANE  
DELAND, FL 32720**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**03/09/05-80047-020 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REBRES, ROBERT JAMES 1590 GLENWOOD OAKS LN DELAND, FL 32720</b>
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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:** *R. James Rebrs* **3-1-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #