2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044302

1. Entity Name
AQUATIC DESIGNS CUSTOM POOLS & SPAS, LLC

Principal Place of Business	Mailing Address
1890 GLENWOOD OAKS LANE DELAND, FL 32720	1890 GLENWOOD OAKS LANE DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

02262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0505462	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 renstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	REBRES, ROBERT JAMES
STREET ADDRESS	1590 GLENWOOD OAKS LN
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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03/16/07-80011-002 50.00

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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: _R. Jams Relus_   3-5-07   (386) 985-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #