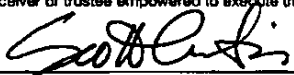


FILED
Mar 21, 2005 8:00 am
Secretary of State

02-03-2005 90113 017 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000044537			
1. Entity Name ROYAL PALM-POOLS, LLC			
Principal Place of Business 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 US		Mailing Address 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 US	
2. Principal Place of Business 16333 TEMPLE BOULEVARD		3. Mailing Address 16333 TEMPLE BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LOXAHATCHEE, FLORIDA		City & State LOXAHATCHEE, FLORIDA	
Zip 33470		Zip 33470	
Country FLA BEACH		Country FLA BEACH	
4. FEI Number 65-0629406		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CURTIS, SCOTT M 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16333 TEMPLE BOULEVARD City LOXAHATCHEE FL Zip Code 33470	
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)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTIS, SCOTT M 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16333 TEMPLE BOULEVARD LOXAHATCHEE, FLORIDA 33470 3009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 1-19-05 561-798-3111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002281



01212005 Chg-LLC CR2E083 (10/03)