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

30002281

Principal Place of Business	Mailing Address
12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 US	12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 US

01212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
16333 TEMPLE BOULEVARD	16333 TEMPLE BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FLORIDA	City & State: LOXAHATCHEE, FLORIDA
Zip: 33470 Country: PALM BEACH	Zip: 33470 Country: PALM 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	7. Name and Address of New Registered Agent
CURTIS, SCOTT M 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412	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	16333 TEMPLE BOULEVARD LOXAHATCHEE, FLORIDA 33470-3009	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Scott Curtis 1-19-05 561-798-3711

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