


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000047105	
1. Entity Name SWIMMING POOL TILE BY PAM LLC	

Principal Place of Business 3600 ARISTOTLE AVE. ORLANDO, FL 32826	Mailing Address 3600 ARISTOTLE AVE. ORLANDO, FL 32826
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DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0489447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUSTOE, JODI K ESQ.  
COX & ROUSE, P.A.  
240 LOOKOUT PLACE  
MAITLAND, FL 32751

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WIGGINS, PAMELA 3600 ARISTOTLE AVE. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIGGINS, JACK 3600 ARISTOTLE AVE. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CREWS, ROBERT 3600 ARISTOTLE AVE. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000202000  
01/28/05-80085-017 \$0.00

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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)(f), 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: Pamela A. Wiggins 1-18-05 407-202-4167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #