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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90096 031 ****50.00

1. Entity Nam	MENT # L03000056 POOL SERVICES, LLC			04-25-2005 90096 031 ****50.00												
Principal Plac	e of Business	Mailing Address														
2530 54TH : GULFPORT, I	Street South FL 33707	2530 54TH STREET SOU GULFPORT, FL 33707	TH													
		,) 		JN gridi Ji hir e jii	EN 1814 E COME AN	98) (# FBP)								
2. Principal P	Mace of Business 7 Datura LN	3. Mailing Address	ra LN													
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04202005	Chg-LLC	CR2E08	33 (10/03)									
City & Stat		City & State	`	4. FEI Numb				plied For								
New Y	ort Richey . Fl	New POrt R	<u>, CNEY ∤ X</u> _Country	20-039	· · · · · · · · · · · · · · · · · ·		No 5.00 Add	t Applicable								
3465	6. Name and Address of Current I		Pusco		e of Status Desired		ee Required									
	 	Registered Agent	Name	7. Name an	d Address of New F		gent									
	VICTORIA I STREET SOUTH			Idress (P.Q. Box Numb	VICTO(21) ber is Not Acceptable											
GULFPOR	RT, FL 33707		184	17. Daty	ira LN	ı										
	. , , ,		·City			EI	Zip Code	9 _								
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 a	and title if applicable. (NOTE: F	Pegistered Agent signatur	re required when reinstating)	<u></u>	DATE	105	SIGNATURE VICTORIA EILO + Victorium Ellipto 4 26/05 (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2005																
Fi	iling Fee is \$50.00					ke check pa a Departme										
Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI		10.	M	Florid	A Departme	nt of State									
Fi D	iling Fee is \$50.00 ue by May 1, 2005	RS/MANAGERS Delete	1	MGR Eliott, K	Florid	A Departme		Addition								
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR ELLIOTT, KEVIN 2530 54TH STREET SOUTH		TITLE NAME STREET ADDRESS	E11.04, K	Florid	A Departme	nt of State									
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005 . MANAGING MEMBE MGR ELLIOTT, KEVIN		TITLE NAME STREET ADDRESS	MGR Elliott, K 7847 Dat New Port	Florid	A Departme	nt of State									
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR ELLIOTT, KEVIN 2530 54TH STREET SOUTH	□ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	E11.04, K	Florid	A Departme	Change	Addition								
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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 cath; 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: Kein Ellio	H Keni	Eller	4/10/05	727-819-601	C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMBER, MANAGER, OR AUTHO	RIZED REPRESENTATIVE	Date	Daytime Phone #	