


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 031 ****50.00

DOCUMENT # L03000056563 1. Entity Name ELLIOTT POOL SERVICES, LLC					
Principal Place of Business 2530 54TH STREET SOUTH GULFPORT, FL 33707			Mailing Address 2530 54TH STREET SOUTH GULFPORT, FL 33707		
2. Principal Place of Business 7847 Datura LN.		3. Mailing Address 7847 Datura LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 20-0397335	
Zip 34653		Country Pasco		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ELLIOTT, VICTORIA 2530 54TH STREET SOUTH GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name Elliot, Victoria Street Address (P.O. Box Number is Not Acceptable) 7847 Datura LN City New Port Richey FL Zip Code 34653		
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 Victoria Elliott <i>Victoria Elliott</i> 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MGR <input checked="" type="checkbox"/> Delete	NAME ELLIOTT, KEVIN		TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Elliot, Kevin	
STREET ADDRESS 2530 54TH STREET SOUTH	CITY-ST-ZIP GULFPORT, FL 33707		STREET ADDRESS 7847 Datura LN	CITY-ST-ZIP New Port Richey, FL 34653	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
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: Kevin Elliott <i>Kevin Elliott</i> 4/20/05 727-849-6010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					