


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 001 ****50.00

DOCUMENT # L04000007196 1. Entity Name CREATIVE POOLS AND SPAS, L.L.C.					
Principal Place of Business 1813 S.W. BILTMORE AVENUE PORT ST LUCIE, FL 34953			Mailing Address 1813 S.W. BILTMORE AVENUE PORT ST LUCIE, FL 34953		
2. Principal Place of Business Suite, Apt. #, etc. <i>1242 SW Goodman Ave.</i> City & State <i>Port St Lucie, FL</i> Zip <i>34953</i>			3. Mailing Address Suite, Apt. #, etc. <i>1242 SW Goodman Ave.</i> City & State <i>Port St Lucie, FL</i> Zip <i>34953</i>		
4. FEI Number <i>34-1982735</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			07272005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent FARRELL, RICHEY L 1595 SE PORT ST LUCIE BOULEVARD PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTTER, JOSEPH A 1503 ROYAL GREEN CIRCLE V-201 PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTTER, JOSEPH A. 1242 SW Goodman Ave. Port St Lucie, FL 34953
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Joseph A. Potter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8-8-05 (772)528-3849 <small>Date Daytime Phone #</small>		