

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008652

FILED
Apr 21, 2005
Secretary of State

Entity Name: PARKER POOL ENTERPRISES, LLC

Current Principal Place of Business:

4001 BARBARA TERRACE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4001 BARBARA TERRACE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARKER, ANNE
4001 BARBARA TERRACE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PARKER, ANNE
Address: 4001 BABARA TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: PARKER, GEORGE
Address: 4001 BABARA TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANNE PARKER

MGRM

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date