
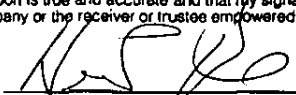


FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90343 012 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000011355			
1. Entity Name THE POOL CONNECTION, LLC			
Principal Place of Business 906 E. MAGNOLIA STREET ARCADIA, FL 34266		Mailing Address 906 E. MAGNOLIA STREET ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box # 3263 NE Highway 17 Suite, Apt. #, etc.		3. Mailing Address 3263 NE Highway 17 Suite, Apt. #, etc.	
City & State Arcadia, FL Zip 34266 Country U.S.A		City & State Arcadia, FL Zip 34266 Country U.S.A	
4. FEI Number 20-0719089		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266		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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOSSER, HENRY 906 E. MAGNOLIA STREET ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 506, Florida Statutes.			
SIGNATURE: 		HENRY F. BLOSSER 5/22/07 (850) 494-1761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	