


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 007 ****50.00

DOCUMENT # L04000026879					
1. Entity Name AMERICAN POOL SERVICE, L.L.C.					
Principal Place of Business 240 VANDERBILT DRIVE LAKE WORTH, FL 33460			Mailing Address PO BOX 6773 WEST PALM BEACH, FL 33405-0773		
2. Principal Place of Business 325 WELLESLEY DR		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH, FL.		City & State			
Zip 33460	Country USA	Zip	Country	01312006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE				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 GATELY, DAVID M 12 AUBURN DR. LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent		
			Name GATELY, DAVID M.		
			Street Address (P.O. Box Number is Not Acceptable) 325 WELLESLEY DR.		
			City LAKE WORTH FL Zip Code 33460		
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 <i>David M. Gately</i>		DATE 2/6/06			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATELY, DAVID M 240 VANDERBILT DRIVE LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 325 WELLESLEY DR. LAKE WORTH, FL 33460	
	<input type="checkbox"/> Delete			<input checked="" 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 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 608, Florida Statutes.					
SIGNATURE: <i>David M. Gately</i>		DATE 2/6/06 561-947-8665			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					