
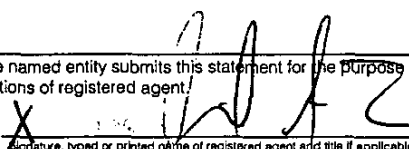
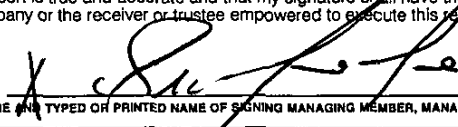


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90054 043 ****50.00

DOCUMENT # L04000035260 1. Entity Name POOL SOURCE, LLC					
Principal Place of Business 2825 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301			Mailing Address 2825 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301		
2. Principal Place of Business 1622-A Capital Cir. SE		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State			
Zip 32301		Country USA		4. FEI Number 20-1296939	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent LOVE, DAVID 3271 SKYVIEW DRIVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name David Love Street Address (P.O. Box Number is Not Acceptable) 1622-A Capital Cir. SE City Tallahassee FL Zip Code 32301		
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 reinstating) 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 MGRM <input type="checkbox"/> Delete NAME Ira Gene Love, Jr. STREET ADDRESS 2825 Old St. Augustine Rd. CITY-ST-ZIP Tallahassee, FL 32301			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGRM <input type="checkbox"/> Delete NAME David Love STREET ADDRESS 1622-A Capital Cir. SE CITY-ST-ZIP Tallahassee, FL 32301			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: 				Date 8-8-2005 Daytime Phone # 850 514-2300	