

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055884

FILED
Apr 29, 2008
Secretary of State

Entity Name: NATURE COAST POOLS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

7279 FOREST OAKS BLVD
SPRING HILL, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

7279 FOREST OAKS BLVD
SPRING HILL, FL 33606 US

New Mailing Address:

FEI Number: 54-2158138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASMORE, MICHAEL B
4443 RACHEL BLVD
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

ROBBINS EQUINTAS
2639 DR. MARTIN LUTHER KING JR. STREET N.
ST PETERSBURG, FL 33704 US

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: GARY L BUTLER, ESQ.

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: M & N CONSULTING SER, VICES, LLC
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607 US

Title: MGR () Delete
Name: GECNS, INC,
Address: 4353 DOTTIE CT
City-St-Zip: SPRING HILL, FL 34607 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MICHAEL B PASMORE,
Address: 7279 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 34606 US

Title: VP (X) Change () Addition
Name: GLEN C SCHULTZ,
Address: 7281 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 34606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL B PASMORE

P

04/29/2008

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