2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# L04000057517

Entity Name: ABSOLUTE POOL CARE LLC

Current Principal Place of Business:

351 SW VOLTAIR TERRACE
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7909
PORT SAINT LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 20-2192338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCARTHY, KEVIN T
351 SW VOLTAIR TERRACE
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

MCCARTHY, GARY
351 SW VOLTAIR TERRACE
PORT SAINT LUCIE, FL 34984 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 MCCARTHY 02/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCCARTHY, COLIN C
Address: 351 SW VOLTAIR TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: MGRM ( ) Delete
Name: KEVIN, MCCARTHY T
Address: 351 SW VOLTAIR TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: GARY, MCCARTHY
Address: 351 SW VOLTAIR TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the 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: COLIN MCCARTHY MGRM 02/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date