


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90151 041 ****50.00

DOCUMENT # L04000068112

1. Entity Name
 CREATIVE POOLS OF BREVARD.LLC



Principal Place of Business
 325 SHERIDAN AVE.
 SATELLITE BEACH, FL 32937

Mailing Address
 325 SHERIDAN AVE.
 SATELLITE BEACH, FL 32937



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 1811 Orangetwood Dr

Suite, Apt. #, etc.
 1811 Orangetwood Dr

City & State
 Melbourne, FL

City & State
 Melbourne, FL

01242006 Chg-LLC GR2E083 (11/05)

4. FEI Number
 20-2066005

Applied For
 Not Applicable

Zip
 32935

Country
 Brevard

Zip
 32935

Country
 Brevard

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORT, KIRK M
 325 SHERIDAN AVE.
 SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1811 Orangetwood Dr.

City
 Melbourne

FL

Zip Code
 32935

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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORT, KIRK M		NAME	
STREET ADDRESS 325 SHERIDAN AVE.		STREET ADDRESS 1811 Orangetwood Dr	
CITY-ST-ZIP SATELLITE BEACH, FL 32937		CITY-ST-ZIP Melbourne, FL 32935	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kirk M. Fos Date: 1-24-06 Daytime Phone # _____