## **2007 LIMITED LIABILITY COMPANY** ANNUAL-REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000068112** 

Entity Name
 CREATIVE POOLS OF BREVARD.LLC



Principal Place of Business

1811 ORANGEWOOD DR MELBOURNE, FL 32935 Mailing Address

1811 ORANGEWOOD DR MELBOURNE, FL 32935

## **FILED** Jan 29, 2007 08:00 AM Secretary of State



01252007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 20-2066005                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

FORT, KIRK M 1811 ORANGEWOOD DR MELBOURNE, FL 32935

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of cha                 | anging its registered office or registered agent, or bo      | oth, in the State of Florida. I am familiar with, and  | accept |
|---|--|--|--------|
| the obligations of registered agent.  |  | and the state of t | . • •  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstaling) | DATE   |        |
| Filing Fee is \$50.00   |  | U00000607977   | ٠      |

Due by May 1, 2007 .

D1/31/07-80060-006 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FORT, KIRK M<br>1811 ORANGEWOOD DR<br>MELBOURNE, FL 32935 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | <u>-</u> -   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ·  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          |  |  |

DO NOT WRITE IN THIS SPACE

| 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  | ation  |
|-----|---|--------|
|     | 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   | of the |
|     | limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.   |        |
|     | milition industry company of the receiver of factor of powered to execute the report to require by a replace out the receiver of the receiver |        |

Jan. 25, 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE