


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074502 1. Entity Name DISCOUNT POOL AND SPA, LLC	
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Principal Place of Business 4198 NORTH MILLSTONE BEVERLY HILLS, FL 34465	Mailing Address 4198 NORTH MILLSTONE BEVERLY HILLS, FL 34465
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DO NOT WRITE IN THIS SPACE



07222006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3678471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, DAVID
4198 NORTH MILLSTONE
BEVERLY HILLS, FL 34465

**DO NOT WRITE
IN THIS SPACE**

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 _____

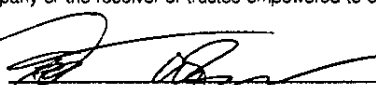
**Filing Fee is \$50.00
Due by September 8, 2006**

U00000573144
08/02/06-80004-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBER, DAVID PRES 4198 N MILLSTONE PT BEVERLY HILLS, FL 34465
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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 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:  *David M. Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *7-24-06* Daytime Phone # *(352) 5273999*