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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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07 MAY -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DB

03272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000075269

1. Entity Name
KYLE'S POOL & PATIO LLC

Principal Place of Business	Mailing Address
3040 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	3040 GULF BREEZE PARKWAY GULF BREEZE, FL 32563

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 16-1710599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRUTH, GREGORY KYLE 3040 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRUTH, GREGORY KYLE 3040 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARRuth Gregory KYLE 3040 Gulf Breeze Parkway Gulf Breeze, FL 32563	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member CANTIN, Richard H. 1312 Windsor Pk Rd. Gulf Breeze, FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CANTIN, Richard H. 1312 Windsor Pk Rd. Gulf Breeze, FL 32563	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gregory Kyle [signature] 4-20-07 850-916-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #