

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076990

Entity Name: CLEAR POOLS OF ORLANDO,LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

361 PRARIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 574923
ORLANDO, FL 32807 US

New Mailing Address:

PO BOX 574923
ORLANDO, FL 32857 US

FEI Number: 20-1712430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, MATTHEW L
361 PRARIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COYNE, MATTHEW L
Address: 5228 BROSCHER RD
City-St-Zip: ORLANDO, FL 32807 US

Title: MGR () Delete
Name: CLINE, ERIC J
Address: 5228 BROSCHER RD
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COYNE, MATTHEW L
Address: 361 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR (X) Change () Addition
Name: CLINE, ERIC J
Address: 361 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: MATT COYNE

MGR

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date