

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 16, 2005  
Secretary of State**

DOCUMENT# L04000092781

Entity Name: POOL CARE, LLC

**Current Principal Place of Business:**

P.O. BOX 520791  
LONGWOOD, FL 32752

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520791  
LONGWOOD, FL 32752

**New Mailing Address:**

FEI Number: 20-2102332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENKIRAN & MALARET, P.A.  
1999 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 US

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: MGRM ( ) Delete  
Name: ADRIAN, LYON  
Address: P.O. BOX 520791  
City-St-Zip: LONGWOOD, FL 32752

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADRIAN LYON

MGRM

08/16/2005

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