


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90033 033 \*\*\*\*50.00

**DOCUMENT # L05000014856**


1. Entity Name  
**BUDGET POOL SERVICES LLC**



Principal Place of Business      Mailing Address  
**PO BOX 10227**      **PO BOX 10227**  
**BROOKSVILLE, FL 34603**      **BROOKSVILLE, FL 34603**

2. Principal Place of Business      3. Mailing Address  
**5017 Flamingo Ln**      **5017 Flamingo Ln**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ridge Manor FL**      **Ridge Manor FL**  
 Zip      Country      Zip      Country  
**33523**      **Hernando**      **33523**      **Hernando**



07022006    Chg-LLC    CR2E083 (11/05)

6. Name and Address of Current Registered Agent  
**CHESSER, KENNETH**  
**5017 FLAMINGO LANE**  
**RIDGE MANOR, FL 33523**

4. FEI Number      Applied For  
**45-0540887**      Not Applicable

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

7. Name and Address of New Registered Agent  
 Name      **N/A**  
 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 fee filer (NOTE: Registered Agent signature required when re-appointing)

<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CHESSER, KENNETH</b>			NAME			
STREET ADDRESS	<b>5017 FLAMINGO LANE</b>			STREET ADDRESS			
CITY, ST, ZIP	<b>RIDGE MANOR, FL 33523</b>			CITY, ST, ZIP			
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CHESSER, SHANA</b>			NAME			
STREET ADDRESS	<b>5017 FLAMINGO LANE</b>			STREET ADDRESS			
CITY, ST, ZIP	<b>RIDGE MANOR, FL 33523</b>			CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			

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: *Kenneth Chesser*      8/3/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE