## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019970

Entity Name: U-POOL-IT, L.L.C.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6660 TIMES SQUARE AVE., STE. 105 2311 HOLLY RIDGE DR
ORLANDO, FL 32835 OCOEE, FL 34761 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2546 GOLDENROD, FL 32733

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

LOY, DENNIS LOY, DENNIS

6660 TIMES SQUARE AVE., STE. 105 2311 HOLLY RIDGE DR ORLANDO, FL 32835 US OCOEE, FL 34761 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: DENNIS R. LOY 04/28/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 LOY, DENNIS
 Name:
 LOY, DENNIS R

 Address:
 6660 TIMES SQUARE AVE., STE. 105
 Address:
 P.O. BOX 2546

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: GOLDENROD, FL 32733 US

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SPENCER, JASON
 Name:

 Address:
 6660 TIMES SQUARE AVE., STE. 105
 Address:

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:

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: DENNIS R. LOY PRES 04/28/2006