

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 025 ****50.00

DOCUMENT # L05000027767

1. Entity Name
CARIBBEAN DREAMS POOL SERVICES, L.L.C.



Principal Place of Business Mailing Address

**3668 SW BONWOLD STREET
 PORT ST. LUCIE, FL 34953** **3668 SW BONWOLD STREET
 PORT ST. LUCIE, FL 34953**

2. Principal Place of Business *Lucie Blvd* 3. Mailing Address *Blvd*

3209 SW PART ST **3209 SW PART ST LUCIE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

PMB 146 **PMB 146**

City & State City & State

PORT ST LUCIE, FL **PORT ST LUCIE, FL**

Zip Country Zip Country

34953 **USA** **34953** **USA**

01062006 Chg-LLC CR2E083 (11/05)



4. FEI Number Applied For

20-2532432 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, E. ROLLING #
 3333 20TH STREET
 VERO BEACH, FL 32060**

7. Name and Address of New Registered Agent

Name **James J. O'HEARN**

Street Address (P.O. Box Number is Not Acceptable)
2466 NE 17th COURT

City **Jensen Beach** FL Zip Code **34957**

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 *James J. O'Hearn* **James J. O'Hearn** 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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MANAGER
STREET ADDRESS		STREET ADDRESS	Jon O' MISHOE
CITY - ST - ZIP		CITY - ST - ZIP	3668 SW Bonwold Street
			PORT ST LUCIE, FL 34953
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MANAGER
STREET ADDRESS		STREET ADDRESS	ROBERT MANCUSO
CITY - ST - ZIP		CITY - ST - ZIP	208 Fernleaf Trail
			PORT ST LUCIE, FL 34953
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: *[Signature]* **Jon O' MISHOE** **1/23/06 (472) 688-1836**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #