

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 3668 SW BONWOLD STREET PORT ST. LUCIE, FL 34953			Mailing Address 3668 SW BONWOLD STREET PORT ST. LUCIE, FL 34953		
2. Principal Place of Business Lucie Blvd 3209 SW PORT ST Suite, Apt. #, etc. P M B 146			3. Mailing Address Blvd 3209 SW PORT ST LUCIE Suite, Apt. #, etc. P M B 146		
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL		4. FEI Number 20-2532432	
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 12TH 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: <u>James J. O'Hearn</u> James J. O'Hearn <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1/23/06</u> (772) 686-1836 <small>Daytime Phone #</small>		