

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 015 ****50.00

DOCUMENT # L05000027767	
1. Entity Name CARIBBEAN DREAMS POOL SERVICES, L.L.C.	



00011416

Principal Place of Business 7209 SW PORT ST PMB 146 PORT ST. LUCIE, FL 34953	Mailing Address 7209 SW PORT ST PMB 146 PORT ST. LUCIE, FL 34953
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2. Principal Place of Business - No P.O. Box # Blvd 3209 SW PORT ST LUCIE	3. Mailing Address 3209 SW PORT ST LUCIE BLVD
Suite, Apt. #, etc. PMB 146	Suite, Apt. #, etc. PMB 146
City & State PORT ST LUCIE, FL 34953	City & State PORT ST LUCIE, FL 34953
Zip	Country



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2532432	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent O'HEARN, JAMES J 2466 NE 17TH STREET JENSEN BEACH, FL 34957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHOE, JON Q 3600 SW BONWALD STREET PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 SW Antigua ST PORT ST LUCIE, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCUSO, ROBERT 208 FERN LEAF TRAIL PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGER

2/19/07 (1772)6264476
Date Daytime Phone #