

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046187

FILED  
May 01, 2006  
Secretary of State

Entity Name: SIGNATURE POOLS BY CHUCK STOWE, LLC

## Current Principal Place of Business:

2004 MYRON CT  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

7861 HARDWOOD TRAIL  
ST AUGUSTINE, FL 32092

## Current Mailing Address:

2004 MYRON CT  
JACKSONVILLE, FL 32259

## New Mailing Address:

7861 HARDWOOD TRAIL  
ST AUGUSTINE, FL 32092

FEI Number: 72-1599047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ADAIR, TOM  
2004 MYRON CT  
JACKSONVILLE, FL 32259      US

## Name and Address of New Registered Agent:

STOWE, CHARLES H  
7861 HARDWOOD TRAIL  
ST AUGUSTINE, FL 32092      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: CHARLES H STOWE

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STOWE, CHUCK  
Address: 7861 HARDWOOD TRL.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: ADAIR, TOM  
Address: 2004 MYRON CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STOWE, CHARLES H  
Address: 7861 HARDWOOD TRL.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: STOWE, GREG  
Address: 7867 HARDWOOD TRAIL  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM ( ) Change (X) Addition  
Name: LAWSON, LARRY  
Address: 10342 ELDERBERRY DR  
City-St-Zip: JACKSONVILLE, FL 32257

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: CHARLES H STOWE

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date