

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059914

FILED
Aug 23, 2006
Secretary of State

Entity Name: GREAT AMERICAN POOLS LLC

Current Principal Place of Business:

5206 PALACE CT
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

PO BOX 608501
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 41-2182407 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:

Name and Address of New Registered Agent:

CRUIKSHANK, GRANT W
5206 PALACE CT
ORLANDO, FL 32810 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRUIKSHANK, GRANT
Address: 5206 PALACE CT
City-St-Zip: ORLANDO, FL 32810

Title: MGR () Delete
Name: CRUIKSHANK, GRANT
Address: 940 N ATMORE CIR
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: CRUIKSHANK, JEFFREY G
Address: 5206 PALACE CT
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: GRANT W. CRUIKSHANK

PRES

08/23/2006

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