2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000078243

Entity Name: UNITED POOL REPAIR & LEAK SPECIALIST, LLC

Current Principal Place of Business:

2195 N. POWERLINE RD SUITE #2
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2195 N. POWERLINE RD SUITE #2
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 86-1147712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARSTEN, SHANNON L
2195 N. POWERLINE RD
SUITE #2
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: CARSTEN, SHANNON L
Address: 1741 SW 129TH WAY
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete
Name: CARSTEN, DAVID W
Address: 1741 SW 129TH WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

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 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: SHANNON CARSTEN OWNE 04/30/2008

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