2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State 03-23-2007 90167 034 ****50.00

DOCUMENT # L06000020273 1. Entity Name SOUTH EAST POOL AND SPA LLC							03-23-2007	90167 0	34 ***	*50.00	
Principal Place	e of Business		Mailing Address		<u> </u>	1	901				
109 SEA ST 109 SEA ST NEW SMYRNA, FL 32168 NEW SMYRNA, FL 32168				88				****			
2. Principal Pl	lace of Business	- No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02062007	Chg-LLC	CR2E083	3 (12/08)		
City & State		City & State			4. FEI Number 75 32				plied For it Applicable		
Zip		Country	Zip	Coun	lry	<u> </u>	of Status Desired	□ Fe	5.00 Add so Require	litional d	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered Ag	ent		
TRAUB, JUSTIN					Name						
109 SEA ST. NEW SMYRNA, FL. 32188					Street Address	dress (P.O. Box Number is Not Acceptable)					
					City	City Zip Code					
9. The above	named antihy er	thenite this statement for	the purpose of changing its,	naistan	<u> </u>	vad asset as ba	the least the State of State	FL			
the obligati	ions of registere	d agent.	are purpose of crianging its	Sien		reo ageni, bi bo	un, iin une state di Fide	iua. Tamilar	THUR WILLI,	and accept	
SIGNATURE _	Justin	raub	ed ade il applicable. (#076)	In	from	-	·	<u>3-/9</u>	0		
			3 and 1 applications. July 19		a vident influence connec	d when reinstaling)		DATE			
FI D:	ling Fee is 1 ue by May 1	\$50.00	0		Agent agreede House	d when reinstating)		check pay			
Fil De	ling Fee is 1 ue by May 1	\$50.00 , 2007	0	10.		d when reinstaling)		Departmen			
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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 it 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:

386 846 6009