

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027758

**FILED**  
**Feb 25, 2007**  
**Secretary of State**

**Entity Name:** BLUE WAVE POOLS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

4802 51ST ST W  
1002  
BRADENTON, FL 34210

**New Principal Place of Business:**

5246 WINDING WAY  
SARASOTA, FL 34242

**Current Mailing Address:**

4802 51ST ST W  
1002  
BRADENTON, FL 34210

**New Mailing Address:**

PO BOX 10511  
BRADENTON, FL 34282

**FEI Number:** 72-1613567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASSALLO, KRIS R  
4802 51ST ST W  
1002  
BRADENTON, FL 34210 US

**Name and Address of New Registered Agent:**

VASSALLO, KRIS R  
5246 WINDING WAY  
SARASOTA, FL 34242 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:**

02/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** VASSALLO, KRIS R  
**Address:** 4802 51ST ST W  
**City-St-Zip:** BRADENTON, FL 34210

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** VASSALLO, KRIS R  
**Address:** 5246 WINDING WAY  
**City-St-Zip:** SARASOTA, FL 34242

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:** KRIS VASSALLO

MGMR

02/25/2007

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