


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90075 006 \*\*\*\*50.00

<b>DOCUMENT # L06000090039</b>					
<b>1. Entity Name</b> <b>BETTER BILT POOLS LLC</b>					
<b>Principal Place of Business</b> <b>7027 TRIPOLI WAY</b> <b>ORLANDO, FL 32822</b>			<b>Mailing Address</b> <b>7027 TRIPOLI WAY</b> <b>ORLANDO, FL 32822</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MCMILLAN, ALVIN D JR</b> <b>7027 TRIPOLI WAY</b> <b>ORLANDO, FL 32822</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reconstituting) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>MGRM</b> <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	<b>MCMILLAN, ALVIN D JR</b>		NAME		
STREET ADDRESS	<b>7027 TRIPOLI WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>		CITY-ST-ZIP		
TITLE	<b>MGRM</b> <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	<b>BRYAN, JASON TIMOTHY</b>		NAME		
STREET ADDRESS	<b>3501 HUGHES ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAINES CITY, FL 33344</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>11. 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 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.</b>					
<b>SIGNATURE:</b> <i>Alvin D. McMillan Jr</i>			<b>8/20/07</b> <span style="float: right;"><b>407 832 9921</b></span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		