

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005893

FILED
Jul 14, 2008
Secretary of State

Entity Name: BRANDON'S BLUE POOLS, LLC

Current Principal Place of Business:

2788 S EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2788 S EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426

New Mailing Address:

804 S BROUGHTON CIR
BOYNTON BEACH, FL 33436

FEI Number: 68-0644346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANESS, BRANDON
2788 S EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

MANESS, BRANDON
804 S BROUGHTON CIR
BOYNTON BEACH, FL 33436 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: BRANDON MANESS

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANESS, BRANDON
Address: 2788 S EVERGREEN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: PAPAIZAN, KATARINA
Address: 2788 S EVERGREEN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANESS, BRANDON
Address: 804 S BROUGHTON CIR
City-St-Zip: BOYNTON BEACH, FL 33436

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: BRANDON MANESS

OWNE

07/14/2008

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