2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

May 08, 2008 8:00 am Secretary of State 05-08-2008 90104 050 ***138.75 DOCUMENT # L07000020505 FLORIDA POOL HOMES, LLC Principal Place of Business Mailing Address 60040251 205 TOWN CENTER BLVD. 205 TOWN CENTER BLVD. DAVENPORT, FL 33896 DAVENPORT, FL 33896 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-84992*9*6 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'BRIEN; EVERETT ... Street Address (P.O. Box Number is Not Acceptable) 205 TOWN CENTER BLVD. DAVENPORT FL 33896 City Zip Code 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. . . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGRM ☐ Delete ☐ Change ■ Addition O'BRIEN, EVERETT NAME STREET ADDRESS 205 TOWN CENTER BLVD. STREET ADDRESS DAVENPORT, FL 33896 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change Addition ☐ Delete TITLE TITLE FILES, RICHARD L NAME 205 TOWN CENTER BLVD. STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33896 CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AVE OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

FILED