


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1 **FILED**
Apr 10, 2008 8:00 am
Secretary of State
 03-17-2008 90260 014 ***138.75

DOCUMENT # L07000030560

1. Entity Name
SIESTA POOLS OF SARASOTA, LLC



Principal Place of Business
**1988 WOOD HOLLOW PLACE
 SARASOTA, FL 34235**

Mailing Address
**1988 WOOD HOLLOW PLACE
 SARASOTA, FL 34235**

30003611



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02122008 Chg-LLC CR2E083 (12/06)

FEL Number: **20-8754324** Applied For: Not Applicable:

5. Certificate of Status Desired \$5,000 Additional Fee Required

6. Name and Address of Current Registered Agent
**GAETANO, GUY P
 1988 WOOD HOLLOW PLACE
 SARASOTA, FL 34235**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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: *[Signature]* DATE: **3/12/08**

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guy P. Gaetano <input type="checkbox"/> Delete 1988 Wood Hollow Pl Sarasota FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bryan Gaetanis <input type="checkbox"/> Delete 2382 123rd Place Parrish, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

President
Vice President

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.

SIGNATURE: *[Signature]* DATE: **3/12/08 9418945197**