


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 010 ***138.75

DOCUMENT # L07000043549 1. Entity Name CREATIVE POOLS BY MIKE, LLC			
Principal Place of Business 100 MUSKET DR. SATSUMA, FL 32189 US		Mailing Address PO BOX 515 SATSUMA, FL 32189-0515 US	
2. Principal Place of Business - No P.O. Box # 100 MUSKET DR		3. Mailing Address PO-BOX 515	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 	
City & State FLORIDA		City & State SATSUMA FL	
Zip 32189		Zip 32189	
Country PUTNAM		Country PUTNAM	
4. FEI Number 20-99066-59		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLELLAN, MIKE 100 MUSKET DR. SATSUMA, FL 32189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u><i>Michael J. McClellan</i></u> DATE <u>4-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME MCCLELLAN, MIKE STREET ADDRESS 100 MUSKET DR. CITY-ST-ZIP SATSUMA, FL 32189	TITLE MGRM <input type="checkbox"/> Delete NAME MCCLELLAN, MICHAEL STREET ADDRESS 100 MUSKET DR CITY-ST-ZIP SATSUMA FL 32189	TITLE MGRM <input type="checkbox"/> Delete NAME PEARSON, MIKE STREET ADDRESS 54800 CEDAR CREST RD. CITY-ST-ZIP ASTOR, FL 32102	TITLE MGRM <input type="checkbox"/> Delete NAME PEARSON, MIKE STREET ADDRESS 54800 CEDAR CREST RD CITY-ST-ZIP ASTOR FLA, 32102
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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.			
SIGNATURE: <u><i>Michael J. McClellan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SHARING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-29-08</u> Daytime Phone # <u>386-546-8515</u>	