

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063502

FILED
May 01, 2008
Secretary of State

Entity Name: SIGNATURE POOLS BY CHUCK STOWE, LLC

Current Principal Place of Business:

7867 HARDWOOD TRAIL
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

7867 HARDWOOD TRAIL
ST AUGUSTINE, FL 32092

New Mailing Address:

P O BOX 57487
JACKSONVILLE, FL 322417487

FEI Number: 72-1599047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STOWE, CHARLES H
7867 HARDWOOD TRAIL
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD # 2
JACKSONVILLE, FL 32257 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: MEREDITH ALLEN HERNANDEZ

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOWE, CHARLES H
Address: 7867 HARDWOOD TRAIL
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: LAWSON, LARRY W
Address: 7867 HARDWOOD TRAIL
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: ADAIR, THOMAS R
Address: 7867 HARDWOOD TRAIL
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES H STOWE

MGRM

05/01/2008

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