2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2008
Secretary of State

DOCUMENT# L07000072208

Entity Name: TROPICAL BLUE POOLS L.L.C.

Current Principal Place of Business:

301 S MILLVIEW WAY
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

301 S MILLVIEW WAY
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHWAB, PETER
301 S MILLVIEW WAY
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, CORY
Address: 2114 GAIL AVE #D
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM ( ) Delete
Name: SCHWAB, PETER
Address: 301 S MILLVIEW WAY
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANDERSON, CORY
Address: 2114 GAIL AVE #D
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGR (X) Change ( ) Addition
Name: SCHWAB, PETER W
Address: 301 S MILLVIEW WAY
City-St-Zip: PONTE VEDRA, FL 32082

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: PETER W. SCHWAB MGR 03/15/2008

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