

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087902

FILED
Apr 29, 2008
Secretary of State

Entity Name: COASTAL POOL & SPA SUPPLY "LLC"

Current Principal Place of Business:

7859 BLIND PASS ROAD
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48506
ST. PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 26-0844255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WUNDERLE, CHRISTINA M
7859 BLIND PASS ROAD
ST. PETE BEACH, FL 33706 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: TURNER, JAMES E
Address: 7939 1ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: MGR () Delete
Name: WUNDERLE, CHRISTINA M
Address: 330 79TH AVENUE
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGRM () Delete
Name: TURNER, THOMAS B
Address: 1640 83RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: TURNER, LARA S
Address: 7939 FIRST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

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: JAMES E. TURNER

MGR

04/29/2008

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