02-13-2008 90063 023 ***143.75
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000100927

1. Entity Name
~~STAR FISH~~ POOLS LLC
STARFISH ← one word

2008 JUL -2 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
811 WINTERS STREET WEST PALM BEACH, FL 33405 US	811 WINTERS STREET WEST PALM BEACH, FL 33405 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1177205 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LYNN, JOHN J~~ LINN, JOHN J 811 WINTERS STREET WEST PALM BEACH, FL 33405	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 JOHN J. LINN — Signature, typed or printed name of registered agent and title if applicable — John Linn (NOTE: Registered Agent signature required when reinstating) — 2-12-08 DATE

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 ☐ Delete	TITLE	TRES/SEC ☐ Change ☑ Addition
NAME	~~LYNN, JOHN J~~ LINN, JOHN J	NAME	KIMBERLY J. LAUDANO
STREET ADDRESS	811 WINTERS STREET	STREET ADDRESS	811 WINTERS ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	WEST PALM BEACH, FL. 33405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JOHN J. LINN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — John Linn — 2-12-08 Date — 0-561 588-0339 561-307-7438 Daytime Phone #