

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030978

FILED
Mar 19, 2009
Secretary of State

Entity Name: IRIEJAM POOLS "LLC"

Current Principal Place of Business:

523 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

4065 NORTH HAVERHILL ROAD
B3-304
WEST PALM BEACH, FL 33417 US

New Mailing Address:

PO BOX 222561
WEST PALM BEACH, FL 33422 US

FEI Number: 26-2399106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPBURN, TRICIA T
4065 NORTH HAVERHILL ROAD
B3-304
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

FENTON, SANDY S
4686 N. CONGRESS AVE
204
WEST PALM BEACH, FL 33407 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: SANDY FENTON

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEPBURN, TRICIA T
Address: 4065 NORTH HAVERHILL ROAD
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FENTON, SANDY S
Address: PO BOX 222561
City-St-Zip: WEST PALM BEACH, FL 33422 US

Title: MGRM () Change (X) Addition
Name: FENTON, TRICIA T
Address: PO BOX 222561
City-St-Zip: WEST PALM BEACH, FL 33422 US

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: SANDY FENTON

MGRM

03/19/2009

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