

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 043 ****50.00

DOCUMENT # L95000000031					
1. Entity Name POOL THINGS, L.C.					
Principal Place of Business 6300 N. WICKHAM RD. 124 B MELBOURNE, FL 32940			Mailing Address 6300 N. WICKHAM RD. 124 B MELBOURNE, FL 32940		
2. Principal Place of Business 5805 N. WICKHAM RD		3. Mailing Address 5805 N. WICKHAM RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number 65-0548255	
Zip FL Country USA		Zip 32940 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESROSIERS, MAURICE R 6300 N. WICKHAM RD. 124 B MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5805 N. WICKHAM RD. City MELBOURNE FL Zip Code 32940		
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 <i>Maurice R. Desrosiers</i>		MAURICE R. DESROSIERS		DATE 7/11/04	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEETY INVESTMENTS INC. P.O. BOX 411089 MELBOURNE, FL 329411089		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK AS IS "NO" CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESROSIERS, MAURICE R 1070 EGRET LAKE WAY MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4770 CHARCONWAY DRIVE ROULEAU, FL 32941-1089	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Maurice R. Desrosiers</i>			MAURICE R. DESROSIERS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/11/04 Daytime Phone # 31-2596618		