

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002115

1. Entity Name
PINNACLE POOLS, L.L.C.



Principal Place of Business

**1312 COMMERCIAL LANE
SUITE 17 B
JUPITER, FL 33458-5685**

Mailing Address

**1312 COMMERCIAL LANE
SUITE 17 B
JUPITER, FL 33458-5685**



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0871373

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICE, TOM
1312 COMMERCIAL LANE
SUITE 17 B
JUPITER, FL 33458-5685**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RICE, TOM
1312 COMMERCIAL LANE SUITE 17 B
JUPITER, FL 334585685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUBE, DAVID
1312 COMMERCIAL LANE SUITE 17 B
JUPITER, FL 334585685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000365329
05/10/05-80006-002 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TOM RICE

4.28.05 561-741-8005