# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 05, 2005**
**Secretary of State**

DOCUMENT# M02000000133

**Entity Name:** SUPERIOR POOL PRODUCTS LLC

**Current Principal Place of Business:**

109 NORTHPARK BLVD., 4TH FL.
COVINGTON, LA 70433

**New Principal Place of Business:**

**Current Mailing Address:**

109 NORTHPARK BLVD., 4TH FL.
COVINGTON, LA 70433

**New Mailing Address:**

**FEI Number: 33-0913896** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | MANUEL, MESA P | |
| Address: | 109 NORTHYARK BLVD., STE 400 | |
| City-St-Zip: | COVINGTON, LA 70433 | |
| Title: | MGRM | ( ) Delete |
| Name: | HUBBARD, CRAIG K | |
| Address: | 109 NORTHYARK BLVD., STE 400 | |
| City-St-Zip: | COVINGTON, LA 70433 | |
| Title: | MGRM | ( ) Delete |
| Name: | COOK, DAVID | |
| Address: | 109 NORTHYARK BLVD., STE 400 | |
| City-St-Zip: | COVINGTON, LA 70433 | |
| Title: | MGRM | ( ) Delete |
| Name: | POLIZZOTTO, RICHARD | |
| Address: | 109 NORTHYARK BLVD., STE 400 | |
| City-St-Zip: | COVINGTON, LA 70433 | |
| Title: | MGRM | ( ) Delete |
| Name: | MURPHY, JOHN | |
| Address: | 109 NORTHYARK BLVD., STE 400 | |
| City-St-Zip: | COVINGTON, LA 70433 | |

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG K. HUBBARD MGRM 01/05/2005

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