2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT:	# A26416
-----------	----------

1. Entity Name WILLOW POND, LTD.



Principal Place of Business

516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756



01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2889388

Applied For Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F. 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756

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.

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner

THE CONTRACT CONTRACT NOT BE CHANGED ON THE FORM, an amendment must be med to change a general partner.		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ABORESS CITY - ST - ZIP	S08371 WILLOW POND, INC. 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756	
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP		Undogogs0305 03/08/07-80007-022-50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP		
DOCUMENT ♦		

UD0000550305 03/08/07-80007-022 508: 75

DO NOT WRITE IN THIS SPACE

State St

14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PA