

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A26416 1. Entity Name WILLOW POND, LTD.	
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Principal Place of Business 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01272005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2889388	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLYNN, THOMAS F. 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

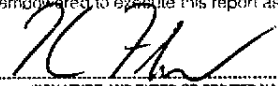
9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S08371 WILLOW POND, INC. 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

STAPLE CHECK HERE

SIGNATURE:  **Kevin T. Flynn As Vice-President of** **Corporate General Partner** **2/16/05 727-449-1182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (Optional Phone #)