FILED
Jan 08, 2004 8:00 am
Secretary of State
01-08-2004 90100 008 ****50.00

24000143

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000955

1. Entity Name
PONDVIEW VENTURE LLC

Principal Place of Business	Mailing Address
2722 SHELTINGHAM DR WELLINGTON, FL 33414	2722 SHELTINGHAM DR WELLINGTON, FL 33414

2. Principal Place of Business	3. Mailing Address
2643 SHELTINGHAM DR.	2643 SHELTINGHAM DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WELLINGTON, FL	WELLINGTON, FL
Zip 33414 / Country USA	Zip 33414 / Country USA

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0982130 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLZ, CHARLES S ESQ. 5 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	AVERSANO, RANDOLPH V	NAME	
STREET ADDRESS	~~2865 POLO ISLAND DRIVE~~	STREET ADDRESS	2643 SHELTINGHAM DR
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENICK, MARK	NAME	
STREET ADDRESS	5272 EAGLE LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	AVERSANO, JANE	NAME	
STREET ADDRESS	~~2865 POLO ISLAND DRIVE~~	STREET ADDRESS	2643 SHELTINGHAM DR.
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jane R. Aversano JANE R. AVERSANO 1/6/04 561-793-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SUPR CHARGED FLORIDA OPINION A