LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 25 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00006002804

1. Entity Name

PONDSIDE PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1829 Pondside Lane	1829 Pondside Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109-1409 Country:	Zip: 34109-1409 Country:

4. FEI Number: 59-3637504 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lynch, Paul R.

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd.

Suite 2800

City: Tampa, FL Zip Code: 33602-5151

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.

SIGNATURE: Paul Lynch 7/22/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

300006701223--4
-07/26/02--01034--005
****200.00 ****200.00

9. MANAGING MEMBERS / MANAGERS

TITLE	Member
NAME	Richard Liden
STREET ADDRESS	1829 Pondside Lane
CITY-ST-ZIP	Naples, Florida 34109

DEPOSIT ATTACHED

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Richard C. Liden 7/28/02 (904) 614-3497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #