


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000002804 <b>1. Entity Name</b> PONDSIDE PARTNERS, LLC	
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<b>Principal Place of Business</b> 1829 PONDSIDE LANE NAPLES, FL 34109-1409	<b>Mailing Address</b> 1829 PONDSIDE LANE NAPLES, FL 34109-1409
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03092006 No Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 59-3637504	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LYNCH, PAUL R  
101 EAST KENNEDY BLVD., STE 2800  
TAMPA, FL 33602-5151

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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** \_\_\_\_\_ 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, 2006**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM LIDEN, RICHARD 1829 PONDSIDE LANE NAPLES, FL 34109
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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1100000491613  
04/19/06-80030-007 50.00

**11. I hereby certify that the information supplied with this filing 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 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 **3/29/06** **287-0023**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #