2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # L00000002804 PONDSIDE PARTNERS, LLC Principal Place of Business Mailing Address 1829 PONDSIDE LANE **1829 PONDSIDE LANE** NAPLES, FL 34109-1409 NAPLES, FL 34109-1409 04022008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 59-3637504 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNCH, PAUL R DO NOT WRITE 101 EAST KENNEDY BLVD., STE 2800 TAMPA, FL 33602-5151 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM 1 NAME LIDEN, RICHARD STREET ADDRESS 1829 PONDSIDE LANE CITY-ST-ZIP NAPLES, FL 34109 TITLE U00000921586 05/15/08-80011-012 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

Tichard C. Lideri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

FILED