

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008101

1. Entity Name
FROG POND, LLC



Principal Place of Business
**600 DIXIE DR
TALLAHASSEE, FL 32304**

Mailing Address
**6260 DUPONT STATION CT.
D
JACKSONVILLE, FL 32217**



03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656677

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRICE, CHARLES B
6260 DUPONT STATION COURT
SUITE D
JACKSONVILLE, FL 32217**

**DO NOT WRITE
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

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**

U000000190551
05/17/04-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SAM & CHARLES, LLC
6260 DUPONT STATION CT., SUITE D
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:

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

Charles B Price

3/19/04

904 367-1700

Date

Daytime Phone #

ext 1