


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000002692</b> 1. Entity Name <b>ROBERT'S POND LLC</b>	
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Principal Place of Business <b>10160 MCGREGOR BLVD FORT MYERS, FL 33919</b>	Mailing Address <b>10160 MCGREGOR BLVD FORT MYERS, FL 33919</b>
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D1042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1907453</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERT, FARNSWORTH 10160 MCGREGOR BLVD FORT MYERS, FL 33917</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

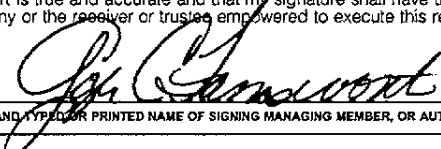
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARNSWORTH, ROBERT 10160 MCGREGOR BLVD FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FARNSWORTH, GAYLE C 10160 MCGREGOR BLVD FT MYERS, FL 33919
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03/14/06-80024-012 150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption/s 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:  2/27/2006 (239) 275-1880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #