2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015168

1. Entity Name MILL POND HOLDINGS, LLC



FILED Feb 12, 2005 08:00 AM Secretary of State

Principal Place of Business

310 CENTER COURT VENICE, FL 34285-5505 Mailing Address

310 CENTER COURT VENICE, FL 34285-5505



DO NOT WRITE IN THIS SPACE

01282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2093174

Applied For
Not Applicable

5. Certilicate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, JAMES L 200 SOUTH ORANGE AVE. SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of charations of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signalure, lead or project name of registered agent and the Lapplicable	(NOTE, Registored Agent signalurg regulard when (cinistaling)	DATE
	Signature, typed or practical name of registered agent and the it applicable	(EAUTE, Hegistored Again signature required whon roinstating)	LAIL
F D	Hing Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY: ST: ZIP	P SCHANER, LINDA K 310 CENTER CT VENICE, FL 342855505		U00000227722 02/14/05-80010-013 150.00
TITLE KAME STREET ADDRESS CITY-ST-ZIP	C MITCHELL, RICHARD J 310 CENTER CT VENICE, FL 342855505		02/14/05-80010-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST ZIP		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST ZIP			
TITLE		F	,

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

2/7/05

941-497-6020

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