2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015168

1. Entity Name
MILL POND HOLDINGS, LLC

Principal Place of Business	Mailing Address
310 CENTER COURT VENICE, FL 34285-5505	310 CENTER COURT VENICE, FL 34285-5505

01182006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2093174
☐ Applied For
☐ Not Applicable

5. Certificate 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000434222
02/24/06 80050-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SCHANER, LINDA K
STREET ADDRESS	310 CENTER CT
CITY-ST-ZIP	VENICE, FL 342855505
TITLE	C
NAME	MITCHELL, RICHARD J
STREET ADDRESS	310 CENTER CT
CITY-ST-ZIP	VENICE, FL 342855505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda K. Schaner 2/7/06 941-497-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #