


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000025939</b> 1. Entity Name MAYS POND PLANTATION, LLC NO. 3	
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**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 5097 WEST LAKE ROAD MONTICELLO, FL 32344	Mailing Address 1030 HANNA BLDG 1422 EUCLID AVE CLEVELAND, OH 44115-2003
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07252008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2316718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

PERKINS, LEIGH H  
 MAYS POND PLANTATION  
 5097 WEST LAKE ROAD  
 MONTICELLO, FL 32344

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	PERKINS, LEIGH H
STREET ADDRESS	5097 WEST LAKE ROAD
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

10000095774  
08/18/08-80002-004 138.75

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: Leigh H Perkins      8/11/08      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #