2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

		ANNUAL	REPORT				-	
DOCUMENT # L03000037584						04-20-2006	90029 039 ****	50.00
1. Entity Name FROG POND AT NATCHITOCHES, LLC						_		
Principal Plac	e of Busines	is	Mailing Address				-	
Principal Place of Business 6260-D DUPONT STATION COURT JACKSONVILLE, FL 32217			6260-D DUPONT STATION COURT JACKSONVILLE, FL 32217					
2. Principal Place of Business 536 N. Monroe St.			3. Mailing Address 536 N. Monage St.					
536 N. Monroe St. Suite, Apt. #, etc.		536 N. Monage St. Suite, Apt. #, etc.		04182006	Chg-LLC	CR2E083 (11/05)	
City & State PL		City & State Tallahasse FL		4. FEI Numb 20-050		⊢	opplied For	
Zip 3230	71	Country USA	Zip 32301	Country VS A	5. Certificat	e of Status Desired	S5.00 Ac	
6. Name and Address of Current Registered Agent					7. Name an	d Address of New R	egistered Agent	
AVAILABLE REAL ESTATE CO.				Name	Name Dennis R. Fuller			
6260 DUPONT STATION CT., STE. D JACKSONVILLE, FL 32217				Street A	Street Address (P.O. Box Number is Not Acceptable)			
JACKSON	• • • • • • • • • • • • • • • • • • • •	. 32217			536 N.1	MonROR S	treet	
City GHIA 8. The above named entity submits this statement for the purpose of changing its registered office or registered.					Historisce		FL Zip Co	de 3 0 /
8. The above the obligat	named entil tions of regis	ty submits this statement for itered agent.	the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	rida. I am familiar with	, and accept
l								
SIGNATURE .	Signature, typed	d or printed name of registered agent a	Demis R Fullan not title if applicable. (NOT	E: Registered Agent signati	ire required when reinstating)	4	1/18/06 DATE	
Fi	Signature, types	is \$50.00 y 1, 2006		E: Ragistered Agent signatu	ere required when reinstating)	Make	DATE c check payable to Department of Sta	te
Fi	Signature, types	is \$50.00	nd title if applicable. (NOT	E: Registered Agent signets		Make Florida	e check payable to Department of Sta	te
Fi D	Signature, types	is \$50.00 y 1, 2006	nd title if applicable. (NOT			Make Florida	e check payable to Department of Sta	
9. TITLE NAME	iling Fee ue by Ma	is \$50.00 y 1, 2006 MANAGING MEMBER	nd tile if applicable. (NOT	10. TITLE NAME		Make Florida	e check payable to Department of Sta	
9.	iling Fee ue by Ma MM PRICE, C 6260-D D	is \$50.00 y 1, 2006 MANAGING MEMBER	nd tile if applicable. (NOT	10. TITLE	MANAGINS M Dennis R.A 536 N. MO	Maki Florida ADDITIONS/ Ember Viller ARBE ST.	e check payable to Department of Sta CHANGES Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee ue by Ma MM PRICE, C 6260-D D	is \$50.00 y 1, 2006 MANAGING MEMBER CHARLES B DUPONT STATION CT.	nd tile if applicable. (NOT	10. TITLE NAME STREEF ADDRESS		Maki Florida ADDITIONS/ Ember Viller ARBE ST.	e check payable to Department of Sta CHANGES Change	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Demis B. Follow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

4/18/06 205 9025