


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2006 90029 039 \*\*\*\*50.00

<b>DOCUMENT # L03000037584</b>	
1. Entity Name <b>FROG POND AT NATCHITOCHE, LLC</b>	

Principal Place of Business <b>6260-D DUPONT STATION COURT JACKSONVILLE, FL 32217</b>	Mailing Address <b>6260-D DUPONT STATION COURT JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business <b>536 N. Monroe St.</b>	3. Mailing Address <b>536 N. Monroe St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32301</b>	Zip <b>32301</b>
Country <b>USA</b>	Country <b>USA</b>



04182006 Chg-LLC CR2E083 (11/05)


4. FEI Number <b>20-0508740</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AVAILABLE REAL ESTATE CO. 6260 DUPONT STATION CT., STE. D JACKSONVILLE, FL 32217</b>
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7. Name and Address of New Registered Agent Name <b>Dennis R. Fuller</b> Street Address (P.O. Box Number is Not Acceptable) <b>536 N. Monroe Street</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>4/18/06</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM PRICE, CHARLES B 6260-D DUPONT STATION CT. JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER Dennis R. Fuller 536 N. Monroe St. Tallahassee FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>4/18/06</b> Date	DAYTIME PHONE # <b>850 205 9025</b> Daytime Phone #
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