

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L04000060997

1. Entity Name

DUCK POND INVESTMENTS, LLC



Principal Place of Business

2963 SHANNON CIRCLE
PALM HARBOR, FL 34684

Mailing Address

2963 SHANNON CIRCLE
PALM HARBOR, FL 34684



04152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1505761

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, GREGORY A
28050 U.S. 19 NORTH
SUITE 100
CLEARWATER, FL 33761

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOM, TOBIN K
STREET ADDRESS	2963 SHANNON CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGRM
NAME	ROTHSCHILD, ROBERT L
STREET ADDRESS	4025 RIDGEWOOD RD.
CITY-ST-ZIP	COPLEY, OH 44321
TITLE	MGRM
NAME	GIBSON, RUSSELL L
STREET ADDRESS	436 WEST CRYSTAL DR.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000715731
04/28/07-80001-021 55.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robin K. Hom (TOBIN K. HOM) 4/16/07 789-6714 (727)