2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# L04000091509

Entity Name: TWIN POND LLC

Current Principal Place of Business:

2385 GOLF BROOK DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2385 GOLF BROOK DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-2814730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHN HARRISON HOUGH, P.A.
340 ROYAL PALM WAY,
100
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: KLEIN, JOHN A
Address: 2385 GOLF BROOK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MRS. ( ) Delete
Name: KLEIN, HELGA
Address: 2385 GOLF BROOK DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, JOHN A
Address: 2385 GOLF BROOK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, HELGA
Address: 2385 GOLF BROOK DRIVE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A. KLEIN MGRM 08/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date