

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024622

Entity Name: PONDS DEVELOPMENT, LLC

FILED  
Jan 29, 2007  
Secretary of State

## Current Principal Place of Business:

13247 LAKE POINT DRIVE  
PLAINFIELD, IL 60544 US

## New Principal Place of Business:

## Current Mailing Address:

13247 LAKE POINT DRIVE  
PLAINFIELD, IL 60544 US

## New Mailing Address:

FEI Number: 20-2475880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

SILBERSTEIN, DAVID M  
50 CENTRAL AVENUE, SUITE 700  
THE PLAZA BUILDING  
SARASOTA, FL 34236 US

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: DAVID M. SILBERSTEIN

01/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GUINTA, MICHAEL P  
Address: 13247 LAKE POINT DRIVE  
City-St-Zip: PLAINFIELD, IL 60544

Title: MGR ( ) Delete  
Name: LAMBERT, ROBERT J  
Address: 13247 LAKE POINT DRIVE  
City-St-Zip: PLAINFIELD, IL 60544

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL P. GUINTA

MGR

01/29/2007

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