2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 08, 2006 8:00 am Secretary of State

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Signature Sign	1. Entity Nar	IMENT # L0500003 POND FARM LLC	30238				05	5-01-20	006 900	079 035	****50.0
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Nox Acceptable) City FL Zio Code City	13740 MUS	TANG TRAIL	13740 MUSTANG TRA		330					- •	
City & State Country Country Country S. Certicate of Sanua Cestred \$5.00 Auditor \$5.00 Auditor For Required Appril Name 13740 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its regulatored office or registered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent, or both, in the State of Florids. I am familiar with, and this children or digitatered agent. SIGNATURE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box Number is Not Acceptable) DATE But Address (P.O. Box	2. Principal I	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·						
### Country Zip Country St. Certificate of Status Desirate \$5.00 Audition \$6.00 Name and Address of New Registered Agent Tr. Name and Address of New Regis	Suite, Apt	t #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-L	LC	CR2E0	83 (11/05)	
S. Certificate of Status Desirate \$5,00 Audition 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Nox Acceptable) 7. City of PL Zo Code 8. The Address of P.O. Box Number is Nox Acceptable) 7. PL Zo Code 8. The Address of P.O. Box Number is Nox Acceptable. 8. The Address of P.O. Box Number is Nox Acceptable. 8. The Address of P.O. Box Number is Nox Acceptable. 9. Make check payable to Fioride Department of State 9. Make check payable to Fioride Department of State 9. Make check payable to Fioride Department of State 9. Make Check payable to Fioride Department of State 9. Make Check payable to Fioride Department of State 9. Make Check payable to Fioride Department of State 9. Make Check payable to Fioride Department of State 9. Make Check payable to Fioride Departme	City & Sta	ite	City & State	City & State		4. FEI Numb	Der 2517649			Applied For Not Applicable	
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try						
Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and this obligations of registered agent are prepared to fisce or registered agent, or both, in the State of Florida. I am familiar with, and this obligations of registered agent are departed agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and this obligations of pregistered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and this obligations of registered agent, or both, in the State of Florida. I am familiar with, and this obligations of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of registered agent, or both, in the State of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with, and this obligation of Florida. I am familiar with and this obligation of Florida. I am familiar with and this obligation of Florida. I am familiar with and this obligation of Florida. I		6. Name and Address of Curr	ent Registered Agent		Name	7. Name an	d Address o	of New Re	gistered /	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and into obligations of registered agent. SIGNATURE Description Des	13740 MUSTANG TRAIL				Street Address	(P.O. Box Numb	oer is Not Ac	ceptable)	÷		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and the foligations of registered agent. SIGNATURE Signature Signature Signature of registered agent ag					City				FI	Zip Cod	•
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### Piling Fee Is \$50.00 Make check payable to Florida Department of State Payable to Hard Payable to Florida Department of State Payable to Hard Payable to Florida Department of State Payable to Hard Payable to Florida Department of State Payable to Florida Department of State Houses of The Florida Department of State Houses of The Florida Department	SIGNATURE	Signature, typed or printed name of registered a	gens and side if applicable. (NO	OTE: Registere	d Agent signature requir	ed when reinstating)			DATE		
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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. Flonds Statutes. I further certify that the information contained on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	indicate limited II	d on this report is true and accurate a ability company or the receiver or tru	and that my signature shall have	e the same	legal effect as if	made under cat	h; that I am	lutes, I fun a managir	ther certily ng membe	thal the info	rmation r of the