


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000030238</b> 1. Entity Name GLADE POND FARM LLC	
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Principal Place of Business 13740 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330	Mailing Address 13740 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330
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**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2517649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, STEVEN  
13740 MUSTANG TRAIL  
SOUTHWEST RANCHES, FL 33330

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, STEVEN 13740 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, GARTH 8550 NW 61 STREET MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000918440  
05/13/08-80079-019 138.75

**DO NOT WRITE  
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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, 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: Steven Jones 4/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #