


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 009 ****50.00

DOCUMENT # L05000030936	
1. Entity Name DUGGAN POND DEVELOPMENT GROUP II, LLC	

40074842



Principal Place of Business 620 SOUTH CASCADE AVENUE SUITE 101 COLORADO SPRINGS, CO 80903	Mailing Address 620 SOUTH CASCADE AVENUE SUITE 101 COLORADO SPRINGS, CO 80903
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2. Principal Place of Business - No P.O. Box # 30 E. Kiowa St.	3. Mailing Address 30 E. Kiowa St.
(Suite) Apt. #, etc. 104	(Suite) Apt. #, etc. 104

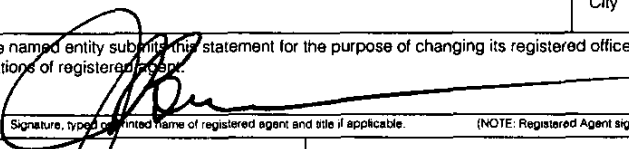
03082007 Chg-LLC CR2E083 (12/06)

City & State Colorado Springs, CO	City & State Colorado Springs, CO
Zip 80903	Zip 80903
Country El Paso	Country El Paso

4. FEI Number 20-2590128	Applied For <input type="checkbox"/> Not Applicable
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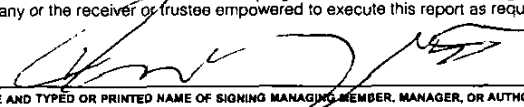
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNS, JEFFREY M 191 BAY CIRCLE DRIVE SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 	DATE 4-12-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLORADO GULF COAST LAND DEVELOPMENT, LLC 620 SOUTH CASCADE AVENUE COLORADO SPRINGS, CO 80903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Colorado Gulf Coast Land Development, LLC 30 E. Kiowa St., Ste. 104 Colorado Springs, CO 80903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4-10-07 DATE