


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 011 \*\*\*\*50.00

<b>DOCUMENT # L05000044947</b>	
1. Entity Name <b>MILL POND GROUP, LLC</b>	

Principal Place of Business <b>4407 VINELAND RD., D-12 ORLANDO, FL 32811</b>	Mailing Address <b>4407 VINELAND RD., D-12 ORLANDO, FL 32811</b>
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2. Principal Place of Business - No P.O. Box # <b>4303 VINELAND RD</b>	3. Mailing Address <b>4303 VINELAND RD</b>
Suite, Apt. #, etc. <b>F-16</b>	Suite, Apt. #, etc. <b>F-16</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32819</b>	Country <b>USA</b>
Zip <b>32811</b>	Country <b>USA</b>



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2795074</b>	Applied For <input type="checkbox"/> 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 <b>JOHNSON, SCOTT E ESQ 111 N. ORANGE AVENUE, STE. 1200 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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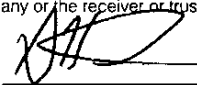
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEHMAN, DAVID H 4407 VINELAND RD., D-12 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4303 VINELAND RD F-16</b>
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:**  **David H. Lehman** **4/30/07** **407-423-7898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #