

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90515 049 ***138.75



DOCUMENT # L05000063202			
1. Entity Name ALLEN POND L. L. C.			
Principal Place of Business 8 BROADWAY SUITE 28 KISSIMMEE, FL 34741		Mailing Address 8 BROADWAY SUITE 28 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 202 BROADWAY		3. Mailing Address 202 BROADWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE FLORIDA	
Zip 34741	Country US	Zip 34741	Country US
6. Name and Address of Current Registered Agent PARSONS, RAY 8 BROADWAY SUITE 28 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: RAY PARSONS Street Address (P.O. Box Number is Not Acceptable) 202 BROADWAY City: KISSIMMEE FL Zip Code: 34741	
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]		DATE: 4.24.08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, RAY 8 BROADWAY STE 218 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 BROADWAY KISSIMMEE FL 34741 <input checked="" 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]		DATE: 4.24.08 407.847.4706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	