

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000068528**

1. Entity Name  
**BREAM POND SUBDIVISION, LLC**



Principal Place of Business  
**604 WOOD TRAIL  
PANAMA CITY, FL 32405 US**

Mailing Address  
**604 WOOD TRAIL  
PANAMA CITY, FL 32405 US**



01232008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4576420**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401**

**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	<b>MGRM HOLSOMBAKE, JAMES D 604 WOOD TRAIL PANAMA CITY, FL 32405</b>
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U000000796029  
01/29/08-80016-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

**James D. Holsombake**

**1/23/08**

**850-832-0330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #