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Secretary of State

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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000101250					
1. Entity Name OLD POND ROAD LLC					
Principal Place of Business 663 MOURNING DOVE DRIVE SARASOTA, FL 34236			Mailing Address 663 MOURNING DOVE DRIVE SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5173092	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEILLER, EDWIN A III 663 MOURNING DOVE DRIVE SARASOTA, FL 34236				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WEILLER, EDWIN A III			NAME	
STREET ADDRESS	663 MOURNING DOVE DRIVE			STREET ADDRESS	
CITY- ST- ZIP	SARASOTA, FL 34236			CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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: <i>X</i>				GOW, A. W. <i>9/2/06</i> MANAGING MEMBER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	