


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90368 034 ****50.00

DOCUMENT # L05000112305			
1. Entity Name MILL POND DRIVE, LLC			
Principal Place of Business 438 BUSHNELL PLAZA #103 P.O. BOX 385 BUSHNELL, FL 33513		Mailing Address 438 BUSHNELL PLAZA #103 P.O. BOX 385 BUSHNELL, FL 33513	
2. Principal Place of Business - No P.O. Box # 2590 W-CR 48		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60038667



04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3825277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LACKAY, CHRISTINA L 438 BUSHNELL PLAZA #103 BUSHNELL, FL 33513		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2590 W-CR 48 City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFITT, DAVID E 438 BUSHNELL PLAZA, #103 BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2590 W-CR 48
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACKAY, CHRISTINA L 438 BUSHNELL PLAZA, #103 BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2590 W-CR 48
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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
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: *Christina L Lackay*
CHRISTINA L LACKAY

4/18/07 352-793-5813

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

Date Daytime Phone #