2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# L06000078616

Entity Name: ACROSS THE POND DEVELOPMENTS LLC

Current Principal Place of Business:

609 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

609 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 20-5376861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VENABLES, MARK
609 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VENABLES, MARK
Address: 609 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM ( ) Delete
Name: VENABLES, JOHN D
Address: 609 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM ( ) Delete
Name: VENABLES, STEVEN R
Address: 609 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM ( ) Delete
Name: VENABLES, PAUL J
Address: 609 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: VENABLES, DAVID J
Address: 609 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA J. POPE, AUTHORIZED REP REP 05/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date