2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000078616

VENABLES, DAVID J

609 SOUTH RIDGEWOOD AVENUE

DAYTONA BEACH, FL 32114 US

Name:

Address:

City-St-Zip:

FILED Jun 15, 2009 Secretary of State

Entity Name: ACROSS THE POND DEVELOPMENTS LLC

Current Principal Place of Business: New Principal Place of Business: 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 FEI Number: 20-5376861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VENABLES, MARK 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VENABLES, MARK Name: Name: 609 SOUTH RIDGEWOOD AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VENABLES, JOHN D Name: Name: Address: 609 SOUTH RIDGEWOOD AVENUE Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VENABLES, STEVEN R Name: Name: 609 SOUTH RIDGEWOOD AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: VENABLES, PAUL J Name: VENABLES, PAULA J 609 SOUTH RIDGEWOOD AVENUE 609 SOUTH RIDGEWOOD AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: DAYTONA BEACH, FL 32114 US Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK L. VENABLES MGR 06/15/2009