

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122564

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** SIGNATURE AT LONG POND, LLC

**Current Principal Place of Business:**

103 COMMERCE STREET  
SUITE 130  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

294 S COCONUT PALM BLVD  
TAVERNIER, FL 33070 US

**Current Mailing Address:**

103 COMMERCE STREET  
SUITE 130  
LAKE MARY, FL 32746 US

**New Mailing Address:**

P.O. BOX 828  
TAVERNIER, FL 33070 US

**FEI Number:** 20-8109402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, KENNETH F  
103 COMMERCE STREET  
SUITE 130  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

WATKINS, KENNETH F  
294 S.COCONUT PALM BLVD  
TAVERNIER, FL 33070 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIGNATURE DEVELOPMEN, T CORPORATION  
Address: 103 COMMERCE STREET, SUITE 130  
City-St-Zip: LAKE MARY, FL 32746 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIGNATURE DEVELOPMEN, T CORPORATION  
Address: P.O. BOX 828  
City-St-Zip: TAVERNIER, FL 33070 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: KENNETH WATKINS

MGR

03/19/2009

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