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May 31, 2005 8:00 am
Secretary of State
05-02-2005 90107 048 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L94000000194

1. Entity Name
BOND FAMILY, L.C.

Principal Place of Business	Mailing Address
5158 SEA CHASE DR. #4 AMELIA ISLAND, FL 32034	5158 SEA CHASE DR. #4 AMELIA ISLAND, FL 32034

30008321

04222005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0496043
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOND, PETER
~~5158 SEA CHASE DR. #4~~ 500 N. FRANCISCO UNIT 112
~~AMELIA ISLAND, FL 32034~~ CLEWISON, FL 33440

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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 Peter D. Bond (MGRM) PETER D. BOND (MGRM) 4/29/05
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOND, PETER D
STREET ADDRESS	~~5158 SEA CHASE DR. #4~~ 500 N. FRANCISCO #112
CITY-ST-ZIP	~~AMELIA ISLAND, FL 32034~~ CLEWISTON FL 33440
TITLE	MEM
NAME	BOND, CAROL
STREET ADDRESS	~~5158 SEA CHASE DR. #4~~ 500 N. FRANCISCO #112
CITY-ST-ZIP	~~AMELIA ISLAND, FL 32034~~ CLEWISTON FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Peter D. Bond (MGRM) MANAGING MEMBER 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #