


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000757</b>	
1. Entity Name WILLOW POND INVESTMENTS, L.C.	

Principal Place of Business 119 C CORPORATION WAY VENICE, FL 34285	Mailing Address P.O. BOX 1892 VENICE, FL 34284
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**DO NOT WRITE IN THIS SPACE**



01192005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-0626450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHEY, ARNOLD W JR.  
119 C CORPORATION WAY  
VENICE, FL 34285

**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$50.00  
Due by May 1, 2005**

DATE  
01/28/05-80120-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUGHEY, ARNOLD W JR. 119 C CORPORATION WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHERMAN, STEPHEN F 119 C CORPORATION WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WILLIS, CATHY A 119 C CORPORATION WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:** *[Signature]* **MANAGER**      01-26-05      941-483-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #