


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000000217 1. Entity Name SIX MILE POND INVESTMENTS, L.C.	
---	---

Principal Place of Business 34851 SR 54W SUITE 101 ZEPHYRHILLS, FL 33541	Mailing Address 34851 SR 54 W SUITE 1 ZEPHYRHILLS, FL 33541
---	--

DO NOT WRITE IN THIS SPACE



04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3506900	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 HILL, CARL D 34851 SR W SUITE 101 ZEPHYRHILLS, FL 33541
--

**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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HILL, CARL (TRUSTEE) 34740 CARL AVE ZEPHYRHILLS, FL 335411943
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HILL, ADA 35331 SR 54 ZEPHYRHILLS, FL 335411943
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000734471
05/09/07-80126-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24

813-782-7705