

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000914

**Entity Name:** T.B.D. OF PONTE VEDRA, L.C.

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10 LITTLE BAY HARBOR  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

969 SPINNAKERS REACH  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

PO BOX 3679  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

**FEI Number:** 59-3464805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, WILLIAM B  
10 LITTLE BAY HARBOR  
PONTE VEDRA BEACH, FL 32082 US

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

THOMPSON, WILLIAM B  
969 SPINNAKERS REACH  
PONTE VEDRA BEACH, FL 32082 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/09/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: THOMPSON, WILLIAM B  
Address: 969 SPINNAKERS REACH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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: WILLIAM B THOMPSON

P

03/09/2010

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