2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000008250

1. Entity Name
BOND MANAGEMENT, LLC

FILED
Apr 13, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
C/O HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990	C/O HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990

04102006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
22-3693496	Not Applicable

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

6. Name and Address of Current Registered Agent

HAROLD JAMES BOND
2117 SW BRADFORD PLACE
PALM CITY, FL 34990

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)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HAROLD JAMES BOND
STREET ADDRESS	2117 SW BRADFORD PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	BOND, TINA M
STREET ADDRESS	2117 SW BRADFORD PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-90003-010 50.00

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: _____   4-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #