


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L99000008250 1. Entity Name BOND MANAGEMENT, LLC	
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Principal Place of Business C/O HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990	Mailing Address C/O HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990
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03082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3693496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAROLD JAMES BOND 2117 SW BRADFORD PLACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOND, TINA M 2117 SW BRADFORD PLACE PALM CITY, FL 34990
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03/21/07-80030-006 50.00

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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: Tina Marie Bond 3-8-07 772-223-1338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #