

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004613

FILED
Apr 15, 2009
Secretary of State

Entity Name: ROUND POND ESTATE, LLC

Current Principal Place of Business:

877 RUTHERFORD CROSSROAD
RUTHERFORD, CA 94573

New Principal Place of Business:

875 RUTHERFORD CROSSROAD
RUTHERFORD, CA 94573 US

Current Mailing Address:

877 RUTHERFORD CROSSROAD
RUTHERFORD, CA 94573

New Mailing Address:

PO BOX 556
RUTHERFORD, CA 94573 US

FEI Number: 94-3086670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: COO () Delete
Name: MACDONNELL, RYAN
Address: 877 RUTHERFORD CROSSROAD
City-St-Zip: RUTHERFORD, CA 94573

Title: COO () Delete
Name: MACDONNELL, MILES
Address: 877 RUTHERFORD CROSSROAD
City-St-Zip: RUTHERFORD, CA 94573

Title: CFO () Delete
Name: CHASEY, LLOYD
Address: 877 RUTHERFORD CROSSROAD
City-St-Zip: RUTHERFORD, CA 94573

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LLOYD CHASEY

CFO

04/15/2009

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