Golden Pond Healthcare, Inc. Form SC 13G February 13, 2008

## SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# **SCHEDULE 13G**

Under the Securities Exchange Act of 1934

(Amendment No. \_\_\_\_)\*

## **GOLDEN POND HEALTHCARE, INC.**

(Name of Issuer)

### COMMON STOCK, PAR VALUE \$0.001 PER SHARE

(Title of Class of Securities)

38116J 109

(CUSIP Number)

N/A

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

" Rule 13d-1(b)

" Rule 13d-1(c)

x Rule 13d-1(d)

\* The remainder of this cover page shall be filled out for a reporting person s initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page. The information required in the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 (the Act ) or otherwise subject to the liabilities of that section of the Act, but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 10

CUSIP No. 38116J 109			SCHEDULE 13G	Page 2 of 10 Pag
1 NAME OF RE	PORT	ING PERSONS		
Pecksland P 2 CHECK THE A (a) "		rs, LLC Opriate box if a member of a	A GROUP (SEE INSTRUCTION	S)
(b) x 3 SEC USE ONI	LY			
4 CITIZENSHIP	OR F	LACE OF ORGANIZATION		
Delaware	5	SOLE VOTING POWER		
NUMBER OF SHARES	6	3,964,844 Shared voting power		
BENEFICIALLY				
OWNED BY		-0-		
EACH	7	SOLE DISPOSITIVE POWER		
REPORTING				
PERSON	8	3,964,844 SHARED DISPOSITIVE POWER		
WITH	0			
		-0-		

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

3,964,844

10 CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)

12 TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

00

Page 2 of 10

CUSIP No. 38116J	109	SCHEDULE 13G	Page 3 of 10 Page
1 NAME OF RE	PORTING PERSONS		
W. Robert D 2 CHECK THE A (a) " (b) x		MBER OF A GROUP (SEE INSTRUCTIONS)	
3 SEC USE ONL	.Υ		
4 CITIZENSHIP	OR PLACE OF ORGANIZAT	ION	
United State	s 5 SOLE VOTING POWE	R	
NUMBER OF			
SHARES	-0- 6 SHARED VOTING PO	WER	
BENEFICIALLY			
OWNED BY	3,964,844		
EACH	7 SOLE DISPOSITIVE P	OWER	
REPORTING			
PERSON	-0- 8 SHARED DISPOSITIV	E DOWED	
WITH	o SHARED DISCOSITIV		
	3,964,844	WNED BY EACH REPORTING PERSON	

3,964,844

10 CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

12 TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IN

Page 3 of 10

CUSIP No. 38116J 109		SCHEDULE 13G	Page 4 of 10 Pages
1 NAME OF REPOR	TING PERSONS		
Michael C. Litt 2 CHECK THE APPF (a) " (b) x 3 SEC USE ONLY	OPRIATE BOX IF A MEMBER OF	A GROUP (SEE INSTRUCTIONS)	
5 SEC USE ONE I			
4 CITIZENSHIP OR	PLACE OF ORGANIZATION		
United States 5	SOLE VOTING POWER		
NUMBER OF			
SHARES 6	-0- SHARED VOTING POWER		
BENEFICIALLY			
OWNED BY	3,964,844		
EACH 7	SOLE DISPOSITIVE POWER		
REPORTING			
PERSON 8	-0- SHARED DISPOSITIVE POWER		
WITH			
9 ACCRECATE AM	3,964,844 DUNT BENEFICIALLY OWNED BY	V FACH REPORTING PERSON	

3,964,844

10 CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

12 TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IN

Page 4 of 10

CUSIP No. 38116J	109	SCHEDULE 13G	Page 5 of 10 Page
1 NAME OF REI	PORTING PERSONS		
Stephen F. W 2 CHECK THE A (a) "	Viggins APPROPRIATE BOX IF A MEI	MBER OF A GROUP (SEE INSTRUCTIONS)	
(b) x 3 SEC USE ONL	Y		
4 CITIZENSHIP	OR PLACE OF ORGANIZATI	ON	
United States	s 5 SOLE VOTING POWEI	ξ	
NUMBER OF			
SHARES	-0- 6 SHARED VOTING POV	VER	
BENEFICIALLY			
OWNED BY	3,964,844		
EACH	7 SOLE DISPOSITIVE PO	DWER	
REPORTING			
PERSON	-0-		
WITH	8 SHARED DISPOSITIVI	POWER	
	3,964,844	WNED BY EACH REPORTING PERSON	

3,964,844

10 CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

12 TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IN

Page 5 of 10

#### Item 1.

#### Item 1(a) Name of Issuer:

The name of the issuer is Golden Pond Healthcare, Inc. (the Issuer ).

## Item 1(b) Address of Issuer s Principal Executive Offices:

The address of the Issuer s principal executive offices is:

1120 Boston Post Road, 2nd Floor

Darien, Connecticut 06820

#### Item 2(a) Name of Persons Filing:

Pecksland Partners, LLC ( Pecksland )

W. Robert Dahl, Jr.

Michael C. Litt

Stephen F. Wiggins

#### Item 2(b) Address of Principal Business Office or, if none, Residence:

The principal business office for each of Pecksland, Mr. Dahl, Mr. Litt and Mr. Wiggins is 1120 Boston Post Road, 2nd Floor, Darien, Connecticut 06820.