

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000007553**

1. Entity Name  
**FERGUSON, LLC**



Principal Place of Business  
**401 FERGUSON DRIVE  
ORLANDO, FL 32805**

Mailing Address  
**401 FERGUSON DRIVE  
ORLANDO, FL 32805**



01162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0641063**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FUQUA, JEFFRY B  
401 FERGUSON DRIVE  
ORLANDO, FL 32805**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FUQUA, JEFFRY B
STREET ADDRESS	401 FERGUSON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	MGR
NAME	CAWTHON, FRANK JR
STREET ADDRESS	401 FERGUSON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	MGR
NAME	FANT, JAMES
STREET ADDRESS	401 FERGUSON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000020550  
01/29/04-80071-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Jeffrey B. Fuqua*

1-26-04 407 29365621