

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007553

1. Entity Name  
FERGUSON, LLC



\* FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 10 AM 11:00

Principal Place of Business  
401 FERGUSON DRIVE  
ORLANDO, FL 32805

Mailing Address  
401 FERGUSON DRIVE  
ORLANDO, FL 32805

**DO NOT WRITE IN THIS SPACE**

03022005No Chg-LLC

CR2E083 (10/03)

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, 2005**

100048866271  
03/22/05--01040--009 \*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FUQUA, JEFFRY B  
401 FERGUSON DRIVE  
ORLANDO, FL 32805

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAWTHON, FRANK JR  
401 FERGUSON DRIVE  
ORLANDO, FL 32805

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FANT, JAMES  
401 FERGUSON DRIVE  
ORLANDO, FL 32805

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

3-4-2005 4072936562