


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-01-2004 90220 031 ****50.00

DOCUMENT # L03000017152			
1. Entity Name FOR 27, LLC			
Principal Place of Business 4100 RECKER HWY. WINTER HAVEN, FL 33880		Mailing Address 4100 RECKER HWY. WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRASIER, DONALD W 4100 RECKER HWY. WINTER HAVEN, FL 33880		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald W. Frasier	NAME	
STREET ADDRESS	100 Twin Cove	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darryl L. Riley	NAME	
STREET ADDRESS	250 Post Road	STREET ADDRESS	
CITY-ST-ZIP	Park City, FL 33869	CITY-ST-ZIP	
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip C. Owen	NAME	
STREET ADDRESS	155 Twin Cove	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		3/25/04 063-967-5177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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