

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90046 046 ****55.00

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

20020779



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0842348	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRASIER, DONALD W
4100 RECKER HWY.
WINTER HAVEN, FL 33880

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRASIER, DONALD W 100 TWIN COVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, DARRYL L 250 POST RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, PHILIP C 155 TWIN COVE 355 Mallet Drive AUBURNDALE, FL 33823 Freeport, FL 32439
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 exemptions contained in Chapter 119, 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

3/20/06

Date

863-967-5177

Daytime Phone #