

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 017 ****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

60029184



03122007 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRASIER, DONALD W
STREET ADDRESS	100 TWIN COVE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	MGRM
NAME	RILEY, DARRYL L
STREET ADDRESS	250 POST RD
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	MGRM
NAME	OWEN, PHILIP C Delete
STREET ADDRESS	955 MULLET DRIVE
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGRM
NAME	James E. Blackwell
STREET ADDRESS	3009 Old Lucerne Park Rd.
CITY-ST-ZIP	Winter Haven, FL 33880
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: Donald W Fraser 3/14/07 863-967-5177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #