


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047306 1. Entity Name CHARLES S. FORD, LLC.	
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Principal Place of Business 12149 119TH STREET NO. LARGO FL 33778	Mailing Address 12149 119TH STREET NO. LARGO FL 33778
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number 54-2135400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, CHARLES S 12149 119TH STREET NO. LARGO FL 33778	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, CHARLES S	NAME	
STREET ADDRESS	12149 119TH STREET NO.	STREET ADDRESS	
CITY - ST - ZIP	LARGO FL 33778	CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
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)(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: Charles S. Ford 4-11-05 727-585-0538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #