

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051001

Entity Name: ROBERT R. FORD LLC

**FILED**  
**Jan 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1589 PINE GROVE ROAD  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 307  
EUSTIS, FL 32727

**New Mailing Address:**

P.O. BOX 229391  
GLENWOOD, FL 32722 US

FEI Number: 41-2119435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORD, ROBERT R  
1589 PINE GROVE ROAD  
EUSTIS, FL 32726 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORD, ROBERT R  
Address: 1589 PINE GROVE ROAD  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT R. FORD

MGR

01/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date