


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90103 009 \*\*\*\*50.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L04000012317</b>   |  |   |  |  |  |
| <b>1. Entity Name</b><br>FORDE'S ENTERPRISES, LLC  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>2062 SE 59TH STREET<br>OCALA, FL 34480   |  |   | <b>Mailing Address</b><br>2062 SE 59TH STREET<br>OCALA, FL 34480                     |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  | 02072005    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>20-0732325   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b>  |  |   |  | <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                    |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>                                   |   |  |
| FORDE, WILLIAM D<br>2062 SE 59TH STREET<br>OCALA, FL 34480   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |  |
| <b>8.</b> 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.   |  |   |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____  |  |   |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | <b>Make check payable to Florida Department of State</b>          |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | MGRM<br>FORDE, WILLIAM D<br>2062 SE 59TH STREET<br>OCALA, FL 34480 | <input type="checkbox"/> Delete                                   |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>11.</b> 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <i>William D. Forde</i>  |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #   |  |   |  |   |  |