

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90015 045 \*\*\*\*50.00

**DOCUMENT # L04000032309**

1. Entity Name

MOULTRIE BLUFF PLAZA, LLC



Principal Place of Business

C/O TIM FORD  
1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084

Mailing Address

C/O TIM FORD  
1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

721 A1A Beach Blvd  
# 3  
ST. AUG. FL.  
32080 USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1319128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, TIM  
1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FORD, TIM  
STREET ADDRESS 721 A1A BEACH BLVD #3  
CITY-ST-ZIP ST AUGUSTINE FL 32080-6737

TITLE MGR ☒ Delete  
NAME SABATINI, LAWRENCE R  
STREET ADDRESS 2325 COMMODORES CLUB BLVD  
CITY-ST-ZIP ST AUGUSTINE FL 32080-6127

TITLE MGR ☐ Delete  
NAME LAURENCE, ROBERT J L  
STREET ADDRESS 101 BILBAO DRIVE  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Timothy Ford*

4-10-06 (904) 471-2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #