

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032309

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** MOULTRIE BLUFF PLAZA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

29 BERMUDA RUN  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-1319128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORD, TIM  
1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 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  
Name: FORD, TIM  
Address: 721 A1A BEACH BLVD #3  
City-St-Zip: ST AUGUSTINE, FL 320806737

Title: MGR  
Name: LAURENCE, ROBERT J L  
Address: 101 BILBAO DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby 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: TIM FORD

MR

04/19/2010

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