# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2005**
**Secretary of State**

DOCUMENT# L04000068409

**Entity Name:** HOUSE OF FORDS LLC

**Current Principal Place of Business:**

204 37TH AVE
#350
ST PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

204 37TH AVE
#350
ST PETERSBURG, FL 33704 US

**New Mailing Address:**

**FEI Number: 20-1634892** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FORD, PATRICIA M
204 37TH AVE
#350
ST PETERSBURG, FL 33704 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/MEMBERS:**

Title: MGR ( ) Delete
Name: FORD, PATRICIA M
Address: 204 37TH AVE #350
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM ( ) Delete
Name: FORD, ADAM S
Address: 204 37TH AVE #350
City-St-Zip: ST. PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: FORD, PATRICIA M
Address: 204 37TH AVE #350
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGR (X) Change ( ) Addition
Name: FORD, ADAM S
Address: 204 37TH AVE #350
City-St-Zip: ST. PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA M. FORD MGRM 04/13/2005

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