## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000003274

Entity Name: FORD & YOUMANS, LLC

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4310 S HOPKINS AVE TITUSVILLE, FL 32780 US

Current Mailing Address: New Mailing Address:

4310 S HOPKINS AVE PO BOX 5857

TITUSVILLE, FL 32780 US TITUSVILLE, FL 32783 US

FEI Number: 20-2159254 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US
FORD, ANN
6785 ACKERMAN AVE
COCOA, FL 32927 US

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: ANN FORD 03/20/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FORD, ANN
 Name:

 Address:
 6785 ACKERMAN AVE
 Address:

 City-St-Zip:
 COCOA, FL 32927 US
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FORD, THOMAS
 Name:

 Address:
 6785 ACKERMAN AVE
 Address:

 City-St-Zip:
 COCOA, FL 32927 US
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 YOUMANS, FRANCES
 Name:

 Address:
 5075 CARTER ST
 Address:

 City-St-Zip:
 COCOA, FL 32927 US
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 YOUMANS, RONALD
 Name:

 Address:
 5075 CARTER ST
 Address:

 City-St-Zip:
 COCOA, FL 32927 US
 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: ANN FORD MGR 03/20/2006