Amended

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PENDING
04-10-2006 90043 035 ****50.00
06-21-2006 90189 006 ****50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 27 AM 8:57

DOCUMENT # L05000084814

1. Entity Name

CURRY FORD OFFICES, LLC

Principal Place of Business	Mailing Address
5300 S. ORANGE AVENUE ORLANDO FL 32809 US change	5300 S. ORANGE AVENUE ORLANDO FL 32809 US change

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
P.O. Box 10	P.O. Box 10
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Abbeville AL	City & State: Abbeville AL
Zip: 36310 Country: USA	Zip: 36310 Country: US

4. FEI Number: 203370567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROST, ROBERT D 3041 TINDALL ACRES ROAD KISSIMMEE FL 34744	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TROST, ROBERT D 3041 TINDALL ACRES ROAD KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BUHOLZ, PAUL D 5300 S. ORANGE AVENUE ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mgr Buholz, Paul D. P.O. Box 10 Abbeville AL 36310	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRELL, ROBERT S 5300 S. ORANGE AVENUE ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Paul D. Buholz 6/13/06 334-585-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #