

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084814

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: CURRY FORD OFFICES, LLC

## Current Principal Place of Business:

3041 TINDALL ACRES RD.  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

3041 TINDALL ACRES RD.  
KISSIMMEE, FL 34744 US

## New Mailing Address:

FEI Number: 20-3370567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROST, ROBERT D  
3041 TINDALL ACRES ROAD  
KISSIMMEE, FL 34744 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 ( ) Delete  
Name: TROST, ROBERT D  
Address: 3041 TINDALL ACRES ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGR ( ) Delete  
Name: BUHOLZ, PAUL D  
Address: PO BOX 10  
City-St-Zip: ABBEVILLE, AL 36310 US

Title: MGR ( ) Delete  
Name: HARRELL, ROBERT S  
Address: 5300 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT D TROST

MNGR

03/17/2009

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