

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107014

Entity Name: JERE B. FORD, LLC

FILED  
Jul 21, 2008  
Secretary of State

**Current Principal Place of Business:**

1 LAS OLAS CIR  
NO 1504  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

111 SOUTH HIGHLAND SOUTH  
MEMPHIS, TN 38111

**New Mailing Address:**

FEI Number: 20-5776086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FORD, JERE B JR  
1 LAS OLAS CIR  
NO 1504  
FT LAUDERDALE, FL 33316 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORD, JERE B JR  
Address: 1 LAS OLAS CIR  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: BROWN, JACK K  
Address: 1 LAS OLAS CIR  
City-St-Zip: FT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

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: JERE FORD

MGRM

07/21/2008

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