

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041300

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** FORDE GOLF, LLC

**Current Principal Place of Business:**

12200 BITTERCREEK LANE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12200 BITTERCREEK LANE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 74-3212843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMP, RICHARD CPA  
6817 SOUTHPOINT PARKWAY STE 2201  
JACKSONVILLE, FL 32216 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:** MGRM  
**Name:** FORDE, ROBERT  
**Address:** 12200 BITTENCREEK LN  
**City-St-Zip:** JACKSONVILLE, FL 32235

**Title:** MGRM  
**Name:** FORDE, SHARON  
**Address:** 12200 BITTENCREEK LN  
**City-St-Zip:** JACKSONVILLE, FL 32235

I hereby 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 FORDE

MMBR

04/02/2010

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