

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116188

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** FURZE, BARD & ASSOCIATES LLC

**Current Principal Place of Business:**

2750 NORTH 29 AVENUE, SUITE 315  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2750 NORTH 29 AVENUE, SUITE 315  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 26-1523316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARD, LINDA  
452 POINCIANA ISL. DRIVE  
SUNNY ISLES, FL 33160 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:** VILLIERS-FURZE, FREDERICK  
**Address:** 1000 NORTH FIFTEENTH AVENUE  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** MGRM  
**Name:** BARD, LINDA  
**Address:** 452 POINCIANA ISLAND DRIVE  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

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: LINDA BARD

MGRM

02/07/2011

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