

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044247

FILED
May 15, 2009
Secretary of State

Entity Name: FORD BOYS LLC

Current Principal Place of Business:

2200 NE 33RD AVE
#4C
FT LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

2200 NE 33RD AVE
#4C
FT LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

ARS & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: MGR () Delete
Name: FORD, WILLIAM A
Address: 2200 NE 33RD AVE #4C
City-St-Zip: FT LAUDERDALE, FL 33305 US

Title: MGR () Delete
Name: FORD, ALBERT F II
Address: 196 W SPRINGFIELD STREET
City-St-Zip: BOSTON, MA 02118 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: FORD, ANDREW A
Address: 8600 WOODBRIAR DRIVE
City-St-Zip: SARASOTA, FL 34238

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: WILLIAM FORD

MR

05/15/2009

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