
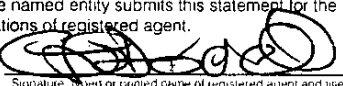
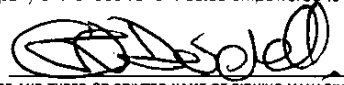


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90142 048 \*\*\*\*50.00

<b>DOCUMENT # L99000006410</b> 1. Entity Name <b>MAYFORD, LLC</b>					
Principal Place of Business <b>5603 COMMERCE DRIVE UNIT #1 ORLANDO, FL 32839</b>			Mailing Address <b>5603 COMMERCE DRIVE UNIT #1 ORLANDO, FL 32839</b>		
2. Principal Place of Business - No P.O. Box # <b>520 N. Semoran Blvd</b>		3. Mailing Address <b>P.O. Box 574666</b>			
Suite, Apt. #, etc. <b># 255</b>		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3605425</b>	
Zip <b>32807</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32807</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>M.A. JOINT VENTURE 5603 COMMERCE DRIVE UNIT #1 ORLANDO, FL 32839</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>M.A. Joint Venture</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 N. Semoran Blvd</b> <b>#255</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32807</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  , Member <span style="float: right;">01/15/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM M.A. JOINT VENTURE 5603 COMMERCE DRIVE, UNIT #1 ORLANDO, FL 32839</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM M.A. Joint Venture 520 N. Semoran Blvd #255 Orlando FL 32807</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM THE JAMES FORD TRUST 1533 CONWAY ISLE CIR ORLANDO, FL 32809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM The Robb Ford Trust 1533 Conway Isle Cir Orlando FL 32809</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b>  , Member			01/15/07 407-240-2699 <small>Date Daytime Phone #</small>		