

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90001 017 *****50.00

1. Entity Name
MAYFORD, LLC



5448 HOFFNER AVENUE
SUITE 304
ORLANDO FL 32812

5448 HOFFNER AVENUE
SUITE 304
ORLANDO FL 32812

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Not Applicable

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

M.A. JOINT VENTURE
5448 HOFFNER AVENUE
STE 304
ORLANDO FL 32812

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent _____

(NOTE: Registered Agent signature required when reinstating)

UAI

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	M.A. JOINT VENTURE	
STREET ADDRESS	5448 HOFFNER AVE., STE 304	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE JAMES FORD TRUST	
STREET ADDRESS	9452 THURLOE PLACE	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	MCHRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THE JAMES FORD TRUST		
STREET ADDRESS	3403 GATLIN PLACE CR.		
CITY-ST-ZIP	ORLANDO, FL 32812		

_TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Walter M. McQuinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

CR2E083 (10/02)