


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-19-2004 90269 034 ****50.00

DOCUMENT # L03000035356

1. Entity Name
FOREST AVENUE REALTY INVESTMENT, LLC



Principal Place of Business
**SAN PABLO OFFICE PARK
 4309 PABLO OAKS COURT, SUITE 5
 JACKSONVILLE, FL 32224**


Mailing Address
**SAN PABLO OFFICE PARK
 4309 PABLO OAKS COURT, SUITE 5
 JACKSONVILLE, FL 32224**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 51247
 Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL

Zip
32240 Country
USA



03022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0803406 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KEASLER, FRANK R JR
 SAN PABLO OFFICE PARK
 4309 PABLO OAKS COURT, SUITE 5
 JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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: *Kathleen S. Cole* **Coastline Property Management, Inc.**
 By: Kathleen Cole Its: President **3/15/04** **904-247-5264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #