

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002094

FILED
Jan 31, 2007
Secretary of State

Entity Name: FORBES PROPERTIES - ORLANDO, LLC

Current Principal Place of Business:

100 GALLERIA OFFICENTRE, SUITE 427
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

100 GALLERIA OFFICENTRE, SUITE 427
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 38-3340043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORK, G. THOMAS
C/O THE GARDENS OF THE PALM BEACHES
3101 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 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 () Delete
Name: FORBES, NATHAN
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034

Title: MGRM () Delete
Name: FORBES, SIDNEY
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034

Title: MGRM () Delete
Name: FORBES, DAVID
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NATHAN FORBES

MGRM

01/31/2007

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