

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004471

1. Entity Name
FORFEITURE SUPPORT ASSOCIATES, LLC



Principal Place of Business
**18980 UPPER BELMONT PLACE
LANSLOWNE, VA 20176**

Mailing Address
**18980 UPPER BELMONT PLACE
LANSLOWNE, VA 20176**



03202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0476024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MPRI INC. 1201 EAST ABINGDON DRIVE, SUITE 425 ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AECOM GOVERNMENT SERVICES INC. 1200 SUMMIT AVENUE, SUITE 230 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/06/07-80606-005-50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-23-07 (703) 724-6767

Date

Daytime Phone #