

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094788

FILED
Mar 07, 2008
Secretary of State

Entity Name: FOREST LAKES PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

2755 BORDER LAKE ROAD
101
APOPKA, FL 32703 US

New Principal Place of Business:

2755 BORDER LAKE ROAD
105
APOPKA, FL 32703 US

Current Mailing Address:

2755 BORDER LAKE ROAD
101
APOPKA, FL 32703 US

New Mailing Address:

2755 BORDER LAKE ROAD
105
APOPKA, FL 32703 US

FEI Number: 26-1086233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANAGA, RICK
2755 BORDER LAKE ROAD
101
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

KANAGA, RICK
2755 BORDER LAKE ROAD
105
APOPKA, FL 32703 US

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:

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUTLER, ROBIN F
Address: 522 HUNT CLUB BLVD. #129
City-St-Zip: APOPKA, FL 32703 US

Title: MGR () Delete
Name: KANAGA, RICHARD K
Address: 2755 BORDER CAKE RD, #101
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KANAGA, RICHARD K
Address: 2755 BORDER LAKE RD, #105
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify 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: RICK KANAGA

MM

03/07/2008

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