2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L00000012312

1. Entity Name

FOREST PARK APARTMENTS, LLC



Principal Place of Business

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302 Mailing Address

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

FILED Feb 25, 2008 08:00 Al **Secretary of State**



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3679395 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

DO NOT WRIT

| 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. | 1 am familiar with, a | and accept |
|----|--|-----------------------|------------|
| | the obligations of registered agent. | | |

SIGNATURE

Signature, typed or printed pame of registered epent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

H00000840342 03/06/08-80043-015 143.75

| 9. | MANAGING MEMBERS/MANAGERS | | | | |
|---------------------------------------|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLYNN, THOMAS F 516 LAKEVIEW ROAD, #8 CLEARWATER, FL 33756 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | VP FLYNN, KEVIN T 516 LAKEVIEW RD, #8 CLEARWATER, FL 33756 | | | | |
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11. I hereby certify that the information supplied with this filling 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:

Kevin T. Flynn, Vice President

2/22/08

727-449-1182

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

Daytime Phone #