



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000006592</b> 1. Entity Name <b>FORTE INVESTMENTS, LLC.</b>	
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Principal Place of Business <b>325 NORTH KROME AVENUE HOMESTEAD, FL 33030</b>	Mailing Address <b>325 NORTH KROME AVENUE HOMESTEAD, FL 33030</b>
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**DO NOT WRITE IN THIS SPACE**



02292008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1013178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WIEDER, ED  
325 NORTH KOME AVENUE  
HOMESTEAD, FL 33030**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

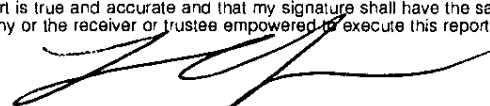
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P STINGONE, LISA N 1530 SWEETBAY WAY HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000852219  
03/26/08-80019-016 138.75

**DO NOT WRITE  
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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:**  **3/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #