

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001766

Entity Name: FOREFRONT, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

8131 BLOYS CT.
TALLAHASSEE, FL 32312

New Principal Place of Business:

820 EAST PARK AVENUE
BLDG. E, SUITE 100
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 16223
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 04-3650151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, KEITH D
8131 BLOYS CT.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

CARR, KEITH D
820 EAST PARK AVENUE
BLDG. E, SUITE 100
TALLAHASSEE, FL 32301 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: KEITH D. CARR

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCEO () Delete
Name: CARR, KEITH D
Address: 8131 BLOYS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: CARR, NUTOSHIA D
Address: 8131 BLOYS COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: PCEO (X) Change () Addition
Name: CARR, KEITH D
Address: 8131 BLOYS COURT
City-St-Zip: TALLAHASSEE, FL 32312

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

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: KEITH D. CARR

PCEO

04/29/2007

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