

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001766

Entity Name: FOREFRONT, LLC

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1106 THOMASVILLE ROAD
SUITE A
TALLAHASSEE, FL 32303

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARR, KEITH D
1106 THOMASVILLE ROAD
SUITE A
TALLAHASSEE, FL 32303 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

07/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

CEO

07/15/2008

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