2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 01, 2006 08:00 AN Secretary of State

DOCUMENT # L010000131 1. Entity Name FORREST MOUNTAIN, LLC	116				Sec	cretary of	State
Principal Place of Business	Mailing Address_	1					
441 N E 4TH AVENUE P O BOX 030399 FT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 333		33303	`		 	### 	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02012006	Chg-LLC	CR2E083 (11/05		
City & State	City & State			4. FEI Numi 65-113			Applied For Not Applicable
Zip Country	Zip	Country			e of Status Desired	☐ \$5.00 A Fee Requi	
6. Name and Address of Current R	egistered Agent		Name	7. Name an	d Address of New F	Registered Agent	
FELDMAN, PETER M 441 N E 4TH AVENUE			· · · · · · · · · · · · · · · · · · ·	(P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE, FL 33301			· · · · · · · · · · · · · · · · · · ·				
		-	City			FL Zip Co	de
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 Signature, typed or printed name of registered agent ar	no titu il applicable एँग्विन	Registered	i Agant signature require	d when reinstaling)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006						ke check payable to a Department of Sta	
9. MANAGING MEMBER	IS/MANAGERS .	10.	. 1		ADDITIONS		
TITLE MGR NAME FELDMAN, CECILE STREET ADDRESS 441 N E 4TH AVENUE CITY-ST-ZIP FT LAUDERDALE, FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/11/06 02/11/06	0413943□ ^{Change} -80018-001 5	☐ Addition (O.00
TITLE MGRM NAME FELDMAN, PETER M STREET ADDRESS 418 N.E. 5TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33301	☐ Delete		i			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	ł	}			∏ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	1	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	1	j			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with	☐ Delete	CITY-	ET ADDRESS	in Charles are	Therida Contract	☐ Change	

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 leport 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 of the leceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter M. Feldman, Managing Member 2/2/06 954-523-4050
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dato Dayling Phone is