

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013116

FILED
Jan 07, 2009
Secretary of State

Entity Name: FORREST MOUNTAIN, LLC

Current Principal Place of Business:

441 N E 4TH AVENUE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

441 N E 4TH AVENUE
FT LAUDERDALE, FL 33301 US

Current Mailing Address:

P O BOX 030399
FORT LAUDERDALE, FL 33303

New Mailing Address:

P O BOX 030399
FORT LAUDERDALE, FL 33303 US

FEI Number: 65-1135267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, PETER M
441 N E 4TH AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FELDMAN, CECILE
Address: 441 N E 4TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: FELDMAN, PETER M
Address: 441 NE 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FELDMAN, CECILE
Address: 441 N E 4TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: MGRM (X) Change () Addition
Name: FELDMAN, PETER M
Address: 441 NE 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: PETER M. FELDMAN

MR.

01/07/2009

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