

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 036 ****50.00

DOCUMENT # L01000017678					
1. Entity Name PALM COAST FOREST, LLC					
Principal Place of Business ONE CORPORATE DR., STE. 3A PALM COAST, FL 32137-4715			Mailing Address 4315 METRO PKWY STE 500 FORT MYERS, FL 33916		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1149597	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, WILLIAM I ONE CORPORATE DR., STE. 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, CLINTON F III ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIELLO, JOHN A 4315 METRO PKWY STE 500 FORT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUSBY, DAVID 1 CORPORATE DR STE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINEHAN, EILEEN ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLETE PROPERTIES, INC. ONE CORPORATE DR., SUITE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLETE Properties, LLC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: John A. Natiello			4-20-07 239-333-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

40075015



ATTACHMENT
40075015

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000017678 Continued

PALM COAST FOREST, LLC

Line 9 Continued

TITLE	MGR
NAME	JOHANNESMEYER, JOHN C. JR
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	MGR
NAME	HORVATH, MARGARET
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	MGR
NAME	HOLQUIST, LAURA A.
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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Line 10 Continued

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, JEFFREY H.	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, HEIDI	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHL, DANIELLE M.	
STREET ADDRESS	ONE CORPORATE DR., STE 3A	
CITY-ST-ZIP	PALM COAST, FL 32137-4715	