


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90272 014 ***138.75

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			
Zip	Country	Zip	Country	4. FEI Number 65-1149597	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, WILLIAM I ONE CORPORATE DR., STE. 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CLINTON F III ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIELLO, JOHN A 4315 METRO PKWY STE 500 FORT MYERS, FL 33916	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSBY, DAVID 1 CORPORATE DR STE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINEHAN, EILEEN ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLETE PROPERTIES, LLC ONE CORPORATE DR., SUITE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 NATIELLO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/27/08		Daytime Phone # 239-333-3300

ATTACHMENT 60018514

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017678 Continued

PALM COAST FOREST, LLC

Line 9 Continued

TITLE MGR
NAME ROTH, JEFFREY H.
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 MGRM
NAME HUGHES, HEIDI
STREET ADDRESS 4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE MGRM
NAME DAHL, DANIELLE M.
STREET ADDRESS ONE CORPORATE DR., STE 3A
CITY-ST-ZIP PALM COAST, FL 32137-4715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Line 10 Continued

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP