

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 NOV 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		10292008 Chg-LLC CR2E083 (12/06)	
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				7. Name and Address of New Registered Agent	
NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916				Name ROTH, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 4315 METRO PARKWAY SUITE 500 City FORT MYERS FL Zip Code 33916	
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		Jeffrey H. Roth, Mgr. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 11/27/08	
Amended AR is \$50.00		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	MGR 200138239332 11/24/08--01061--006 **50.00	
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	MGR <input checked="" 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 checked="" 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	MGR <input checked="" 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	MGR LINEHAN, EILEEN L. <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	
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:		Jeffrey H. Roth, Mgr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 11/27/08	
				Daytime Phone # 239-333-3300	

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DOCUMENT # L01000017678 CONTINUED

1. Entity Name

PALM COAST FOREST, LLC

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTH, JEFFREY H. <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete HORVATH, MARGARET 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HOLQUIST, LAURA A. 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete HUGHES, HEIDI 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete DAHL, DANIELLE M. ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137-4715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition