2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000020104

1. Entity Name
FORIERE PROPERTIES, L.C.

Principal Place of Business	Mailing Address
FORIERE PROPERTIES P.O. BOX 210162 ROYAL PALM BEACH, FL 33421	FORIERE, ROBERTO 1823 WALDORF DR ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

05012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1155357	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FORIERE, GRETA
1823 WALDORF DR
ROYAL PALM BEACH, FL 33411

DO NOT WRITE
IN THIS SPACE

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 _Greta Foriere_ _Greta Foriere_ _4/29/08_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, ROBERTO 1823 WALDORF DR ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000946821
05/30/08-80064-011 138.75

DO NOT WRITE
IN THIS SPACE

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: _Roberto Foriere_   4/29/08   561-7925893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #