

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021721

FILED
Feb 03, 2004
Secretary of State

Entity Name: FORESTLAKE APARTMENTS, LLC

Current Principal Place of Business:

132 FORREST LAKE BLVD
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

4201 N. OCEAN DRIVE, SUITE 605
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 01-0565711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSSMAN, PAUL R
4201 N. OCEAN DRIVE, SUITE 605
HOLLYWOOD, FL 33019

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/MEMBERS:

Title: MGR () Delete
Name: SUNBELT DEVELOPMENT, CORPORATION
Address: 4201 N. OCEAN DRIVE, SUITE 605
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: SUSSMAN, PAUL
Address: 4201 N. OCEAN DR., #605
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: PASSALACQUA, JOHN
Address: 4201 N. OCEAN DR. #603
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL R. SUSSMAN

MGRM

02/03/2004

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