2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000001576

1. Entity Name
FORRESTER PROPERTIES, LLC

Principal Place of Business	Mailing Address
1429 COLONIAL BLVD SUITE 201 FT MYERS, FL 33907-1060	1429 COLONIAL BLVD SUITE 201 FT MYERS, FL 33907-1060

01072007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0580282
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORRESTER, JAMES H
1429 COLONIAL BLVD
SUITE 201
FT MYERS, FL 33907-1060

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FORRESTER, JAMES H
STREET ADDRESS	1429 COLONIAL BLVD SUITE 201
CITY-ST-ZIP	FT MYERS, FL 339071060
TITLE	MGRM
NAME	FULLENKAMP, DENNIS J
STREET ADDRESS	12801 TREELINE CT
CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	MGRM
NAME	HAFELE, DALE G
STREET ADDRESS	19 FALCONWOOD CT
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	WHITAKER, SCOTT F
STREET ADDRESS	4604 SW FIFTH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80083-023 50.00

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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: _____ 1/8/07 239-995-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #