

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001576

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FORRESTER PROPERTIES, LLC

**Current Principal Place of Business:**

1429 COLONIAL BLVD  
SUITE 201  
FT MYERS, FL 339071060

**New Principal Place of Business:**

**Current Mailing Address:**

1429 COLONIAL BLVD  
SUITE 201  
FT MYERS, FL 339071060

**New Mailing Address:**

FEI Number: 01-0580282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORRESTER, JAMES H  
1429 COLONIAL BLVD  
SUITE 201  
FT MYERS, FL 339071060 US

**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORRESTER, JAMES H  
Address: 1429 COLONIAL BLVD SUITE 201  
City-St-Zip: FT MYERS, FL 339071060

Title: MGRM ( ) Delete  
Name: FULLENKAMP, DENNIS J  
Address: 12801 TREELINE CT  
City-St-Zip: FORT MYERS, FL 33903

Title: MGRM ( ) Delete  
Name: HAFELE, DALE G  
Address: 19 FALCONWOOD CT  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: WHITAKER, SCOTT F  
Address: 4604 SW FIFTH AVE  
City-St-Zip: CAPE CORAL, FL 33914

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES H. FORRESTER

MGRM

04/27/2009

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