

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005933

Entity Name: FOREST GLEN I, LLC

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 337563302

**New Principal Place of Business:**

**Current Mailing Address:**

516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 337563302

**New Mailing Address:**

FEI Number: 03-0410208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 337563302 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  
Name: FLYNN, THOMAS F  
Address: 516 LAKEVIEW ROAD, #8  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: FLYNN, KEVIN T  
Address: 516 LAKEVIEW ROAD, #8  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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: KEVIN T. FLYNN

VP

03/10/2011

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