

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024438

1. Entity Name
FORSAND ENTERPRISES, L.L.C.



Principal Place of Business
**12273 US HWY 98, SUITE 116
DESTIN, FL 32550**

Mailing Address
**PO BOX 6756
DESTIN, FL 32550**



04082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0045954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KRAEMER, MARY K
35 CLAYTON LANE
MATTHEWS & HAWKINS, P.A.
SANTA ROSA BEACH, FL 32459**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAYMOND, DAVID S
STREET ADDRESS	1467 OAKMONT PL
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80039-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID S. RAYMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-04

Date

PTD 614 6379

Daytime Phone #