2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000025835

1. Entity Name

FOREST GLENN ASSOCIATES, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1053 MAITLAND CENTER COMMONS BLVD.

1053 MAITLAND CENTER COMMONS BLVD.

SUITE 200 SUITE 200 MAITLAND, FL 32751 US

MAITLAND, FL 32751 US

CR2E083 (11/05)

04192007 No Chg-LLC 4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

52-2381737

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, BERRY J JR 1053 MAITLAND CENTER COMMONS 2ND FLOOR MAITLAND, FL 32751

DO	NOT	WRITE
IN.	THIS	SPACE

	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
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, 2007 U00000738564 05/11/07-80071-023-50-00				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, BERRY J JR 1053 MAITLAND CENTER COMMONS, #200 MAITLAND, FL 32751			
TITLE NAME STREET ADORESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		
11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the legislation of the contained to execute this contained to execute the execute this contained to execute the execute this contained to execute the execute this contained to execute				

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

Daytime Phone #