


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029533		
1. Entity Name FORSTCHEN HOLDINGS, LLC		
Principal Place of Business	Mailing Address	
4743 CORONADO WAY S GULFPORT, FL 33711-3623	4743 CORONADO WAY S GULFPORT, FL 33711-3623	



01042005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2064815	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	
FORSTCHEN, ANN B 4743 CORONADO WAY S GULFPORT, FL 33711-3623	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: *Ann B Forstchen* DATE: 4/7/05

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSTCHEN, ANN B 4743 CORONADO WAY S GULFPORT, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTSCHEN, PAUL R 4743 CORONADO WAY S. GULFPORT, FL 33711
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04/14/05-80054-025 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann B Forstchen* DATE: 4/7/05 DAYTIME PHONE #: 227-896-8626 x 2018

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