


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90066 016 ***138.75

DOCUMENT # L02000029533					
1. Entity Name FORSTCHEN HOLDINGS, LLC					
Principal Place of Business 4743 CORONADO WAY S GULFPORT, FL 33711-3623			Mailing Address 4743 CORONADO WAY S GULFPORT, FL 33711-3623		
2. Principal Place of Business - No P.O. Box # 3008 York St. S.			3. Mailing Address 3008 York St. S.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Gulfport FL			City & State Gulfport, FL		
Zip 33707	Country USA		Zip 33707	Country USA	
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			01202008 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent FORSTCHEN, ANN B 4743 CORONADO WAY S GULFPORT, FL 33711-3623			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Ann B. Forstchen</u> DATE <u>1/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSTCHEN, ANN B 4743 CORONADO WAY S GULFPORT, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Forstchen, Ann B 3008 York St. S. Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTSCHEN, PAUL R 4743 CORONADO WAY S. GULFPORT, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Forstchen, Paul R 3008 York St. S. Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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: <u>Ann B. Forstchen</u> DATE <u>1/21/08</u> DAYTIME PHONE # <u>727-896-8626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					