## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000031170

1. Entity Name
WEST FORSYTH PARKING, LLC



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

777 BRICKELL AVENUE, SUITE 808 MIAMI, FL 33131

777 BRICKELL AVENUE, SUITE 808 MIAMI, FL 33131



03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 42-1561248 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COCKRUM, LORETTA 777 BRICKELL AVENUE, SUITE 808 MIAMI, FL 33131

## 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 ob≒gations of registered agent.		

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000885871 04/18/08-80032-011 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERLON INVESTMENTS CORP 777 BRICKELL AVENUE, SUITE 808 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NG LU, SIONG 777 BRICKELL AVENUE, SUITE 808 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

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 oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William G. Urban II CFC 3-13-08 305358 980.

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

Date

Daytime Phone #