

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032515

1. Entity Name
FORUM LAND COMPANY, LLC



Principal Place of Business
**2101 CORPORATE BLVD., N.W., SUITE 300
C/O WILLIAM S. WEISMAN
BOCA RATON, FL 33431**

Mailing Address
**2101 CORPORATE BLVD., N.W., SUITE 300
C/O WILLIAM S. WEISMAN
BOCA RATON, FL 33431**



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2089434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANDEL, WEISMAN, HEIMBERG, BRODIE & GRIFFI
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431**

**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**

U000000030437
02/04/04-80109-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEISMAN, WILLIAM S
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEISMAN, LAUREN
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MANDEL, DANIEL S
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MANDEL, AMY L
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: _____

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

Date

Daytime Phone #

1/27/04 561-989-0300

William S. Weisman