


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90136 031 ****50.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANDEL, WEISMAN, HEIMBERG, BRODIE & GRIFFI 2101 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON, FL 33431			Name <i>William S. Weisman</i> Street Address (P.O. Box Number is Not Acceptable) <i>2101 CORPORATE BLVD., N.W.</i> <i>BOCA RATON</i> City FL Zip Code 33431		
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 <i>[Signature]</i> DATE <i>1/24/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISMAN, WILLIAM S 2101 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISMAN, LAUREN 2101 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDEL, DANIEL S 2101 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDEL, AMY L 2101 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			WILLIAM S. WEISMAN 1/24/05 561-989-0300 <small>Date Daytime Phone #</small>		

