

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90072 043 \*\*\*\*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

**20000000**



01192006No Chg-LLC

CR2E083 (11/05)

**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**

WEISMAN, WILLIAM S  
2101 CORPORATE BOULEVARD NORTHWEST  
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, 2006**

**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	

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IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #