2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L03000014738 1. Entity Name 04-24-2006 90287 001 ****50.00 THE FORUM, LLC 04-24-2006 90287 002 *****5.00 Principal Place of Business Mailing Address 2411 TALLEVAST RD. PO BOX 1125 SARASOTA FL TALLEVAST FL 34270-1125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #; etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 76-0731322 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DESENBERG DESENBERG, TREY Street Address (P.O. Box Number is Not Acceptable) 6312 US HIGHWAY 301 NORTH, PMB #396 **ELLENTON FL 34222** 2411 TALLEVAST Zip Code 3 4 2 4 3 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGA Change TITLE ■ Addition TITLE MGR Delete DESENBERG TREY NAME NAME DESENBERG, TREY 2411 TALLEVAST RO. STREET ADDRESS STREET ADDRESS 2411 TALLEVAST RD. CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34243 SARASOTA FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change THE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED