2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional \$5.00 Addi	DOCUMENT # L03000022444 1. Entity Name FOREST LAKES DEVELOPMENT, LLC						04-30-2008 9	-		.75
Sulfie, Apt. #, efc. Sulfie, Apt. #, efc. City & State Country Zip Country S. Certificate of Status Desired S. Nome and Address of Current Registered Agent T. Nome and Address of New Registered Agent T. Nome and Address	1074 NORTH ORANGE AVE.		1074 NORTH ORANGE AVE.							
City & State City & State City & State City & State City & State Country S. Certificate of Status Desired \$5.00 Additional Fee Required	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Size Address Country Zip Country Size Address of Current Registered Agent Size Address of Size Required Size Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.		ļ	_		33 (12/06)		
S. Certificate of Saturus Desired Fee Required	City & State		City & State				472		oplied For ot Applicable	
Name	Zip	Country	Zip	Country		5. Certificat	e of Status Desired			
STREET ADDRESS STRE		6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New R	legistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Number is Not Accepta	וסבו פי בי	44.4.4. 1			Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature Speed or printed name of registered agent and tise if applicable (NOTE Registered Agent Signature required when narratating) Dails	1074 NORTH ORANGE AVENUE				Street Address	(P.O. Box Num	per is Not Acceptable	e)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature Speed or printed name of registered agent and tise if applicable (NOTE Registered Agent Signature required when narratating) Dails									·,	
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Signature, typed or crimed name of registerial applications of registerial application			the purpose of changing its r	egistere	ed office or registe	red agent, or b	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 11ILE MGR MILLER, MARK S STREET ADDRESS 1074 NORTH ORANGE AVENUE CITY-ST-2P 11ILE NAME STREET ADDRESS S	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signature require	d when reinstating)		DATE		
TITLE MAKE MILLER, MARK S STRET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME	FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75								9
MAME STREET ADDRESS CITY-ST-2P SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P	9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
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NAME NAME	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS				☐ Changé	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 11. 1 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	TITL C			7171.5					Change	☐ Addition

Thereby certify that the minimation supplied with this limit goes not quality for the exemptions contained in Chapter 1-9, Fiorital statutes. Thereby certify that the 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, MANAGER, OR AUTHORIZED REPRESENTATIVE