

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023953

FILED
Apr 30, 2009
Secretary of State

Entity Name: FOREST REAL ESTATE PARTNERS, LLC

Current Principal Place of Business:

C/O FOREST TRAVEL
2440 NE MIAMI GARDENS DRIVE
NORTH MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O FOREST TRAVEL
2440 NE MIAMI GARDENS DRIVE
NORTH MIAMI, FL 33180

New Mailing Address:

FEI Number: 83-0360941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPRITZER, MICHAEL CPA
9655 S. DIXIE HIGHWAY
BERENFELD, SPRITZER, SHECHTER & SHEER, CPA
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SPRITZER, MICHAEL CPA
2525 PONCE DE LEON BLVD. 5TH FLOOR
BERENFELD, SPRITZER, SHECHTER & SHEER, CPA
MIAMI, FL 33134 US

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.

SIGNATURE: MICHAEL SPRITZER

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPRITZER, MICHAEL
Address: 9655 S.DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR () Change (X) Addition
Name: MENDAL, DAVID
Address: 2440 NE MIAMI GARDENS DR STE.107
City-St-Zip: NORTH MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID MENDAL

MR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date