

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90111 029 \*\*\*\*50.00

**DOCUMENT # L03000031660**

1. Entity Name

**FOREST CITY-WESTON INVESTMENTS, LLC**



Principal Place of Business

**1877 EDGEWATER DR.  
ORLANDO FL 32804**

Mailing Address

**1877 EDGEWATER DR.  
ORLANDO FL 32804**

2. Principal Place of Business

**103 S. Osceola Avenue**

3. Mailing Address

**103 S. Osceola Avenue**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

4. FEI Number

**20-0170283**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HALYARD, PAUL J  
1877 EDGEWATER DR.  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

**Robert F. Evans, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**103 S. Osceola Avenue, Suite 1**

City

**Orlando**

FL

Zip Code

**32801**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January **23**, 2004

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>Concord Investments, LLP</b>
CITY-ST-ZIP	<b>103 S. Osceola Avenue, Suite 1 Orlando, FL 32801</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**CONCORD INVESTMENTS, LLP**

**SIGNATURE:**

By: *[Signature]*

January **23**, 2004 (407) 428-5133

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

Date

Daytime Phone #