


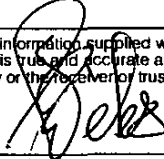


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90280 043 \*\*\*\*50.00

<b>DOCUMENT # L03000035078</b> 1. Entity Name <b>FOREST COVE HOMES, LLC</b>					
Principal Place of Business <b>4131 LAGUNA ST. CORAL GABLES, FL 33146</b>			Mailing Address <b>4131 LAGUNA ST. CORAL GABLES, FL 33146</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03292005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>30-0204166</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CARABALLO, LEONARDO 18851 NE 29TH AVE #900 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name <b>Caraballo, Leonardo J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SE 2nd Street</b> Suite <b>2900</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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:  <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERTO A. TRAPAGA CATALA 4131 LAGUNA ST. CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CABRER, AGUSTIN 4131 LAGUNA ST. CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAMOS, MARIA 4131 LAGUNA ST. CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR POSE, MANUEL V 4131 LAGUNA ST. CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> 			<b>4/4/05</b> <b>(305)446-1166</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		