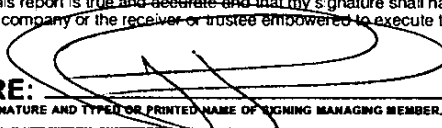


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-20-2006 90144 030 ****55.00

DOCUMENT # L03000035078 1. Entity Name FOREST COVE HOMES, LLC					
Principal Place of Business 4131 LAGUNA ST. CORAL GABLES, FL 33146			Mailing Address 4131 LAGUNA ST. CORAL GABLES, FL 33146		
2. Principal Place of Business 3400 coral way 5th Floor Miami, FL. 33145		3. Mailing Address 3400 coral way 5th Floor Miami, FL. 33145			
Suite, Apt. #, etc. 5th Floor		Suite, Apt. #, etc. 5th Floor			
City & State Miami, FL.		City & State Miami, FL.			
Zip 33145		Country USA		Zip 33145	
Country USA		4. FEI Number 30-0204166			
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARABALLO, LEHAROLO 100 SE 2ND ST STE 2900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBERTO A. TRAPAGA CATALA 4131 LAGUNA ST. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRER, AGUSTIN 4131 LAGUNA ST. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAMOS, MARIA 4131 LAGUNA ST. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POSE, MANUEL V 4131 LAGUNA ST. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.					
SIGNATURE: 		03-08-2006 305 442 1280			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					