



FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L03000035078 1. Entity Name FOREST COVE HOMES, LLC			
Principal Place of Business 3400 CAROL WAY 5TH FL MIAMI, FL 33145		Mailing Address 3400 CAROL WAY 5TH FL MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE			
		04032007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 30-0204166	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CARABALLO, LEOHAROLO 100 SE 2ND ST STE 2900 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		U000000696616 04/18/07-80005-017 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTO A. TRAPAGA CATALA 3400 CORAL WAY 5TH FL MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRER, AGUSTIN 3400 CORAL WAY 5TH FL MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, MARIA 3400 CORAL WAY 5TH FL MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSE, MANUEL V 3400 CORAL WAY 5TH FL MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			
		Date	Daytime Phone #