

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 03, 2004 8:00 am
Secretary of State

04-30-2004 90078 022 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000046774					
1. Entity Name FOREST OAK RESERVE, LLC					
Principal Place of Business 201 NORTH FRANKLIN STREET, STE. 2760 TAMPA FL 33602			Mailing Address 201 NORTH FRANKLIN STREET, STE. 2760 TAMPA FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 56-2425535	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent AYLWARD, ROBERT E 600 S. MAGNOLIA AVE., STE-100 TAMPA FL 33606			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 <i>[Signature]</i> Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
MANAGING PARTNER			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	THOMAS HALL 5215 S. NICHOL ST. TAMPA, FL 33611		☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete ☐ Change ☐ Addition		
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.					
SIGNATURE: <i>[Signature]</i>			Date <i>June 26, 2004</i> 813-228-0652		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					