


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000016715 |  |
| 1. Entity Name FORRESTER, HART & BELISLE, PL | |

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| Principal Place of Business 1429 COLONIAL BLVD SUITE 201 FORT MYERS, FL 33907-1060 | Mailing Address 1429 COLONIAL BLVD SUITE 201 FORT MYERS, FL 33907-1060 |
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DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent JAMES H. FORRESTER, P.A. 1429 COLONIAL BLVD SUITE 201 FORT MYERS, FL 33907-1060 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

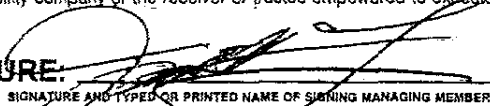
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JAMES H. FORRESTER, P.A. 1429 COLONIAL BLVD, STE 201 FORT MYERS, FL 339071060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ERIC M. BELISLE, PA 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 339071060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RICHARD D. HART, PA 1429 COLONIAL BLVD. SUITE 201 FORT MYERS, FL 339071060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **MANAGING MEMBER** 1/12/08 889-939-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #