


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90153 030 \*\*\*\*50.00

**DOCUMENT # L04000017742**

1. Entity Name  
**FOREST LAKES DEVELOPERS, L.L.C.**



Principal Place of Business      Mailing Address  
**7 TOWN CENTER LOOP**      **7 TOWN CENTER LOOP**  
**UNIT C-14**      **UNIT C-14**  
**SANTA ROSA BEACH FL 32459**      **SANTA ROSA BEACH FL 32459**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**20-0825551**      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required



1st MOORE      CR2E083 (10/04)

6. Name and Address of Current Registered Agent  
**HALL, STEVEN K**  
**4399 COMMONS DRIVE E**  
**STE. 300**  
**DESTIN FL 32541**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HILLTOP OF NORTHWEST FLORIDA, INC<br>STE 3, 24 WALTER MARTIN ROAD<br>FORT WALTON BEACH FL 32548<br><input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ANDREWS INVESTMENTS, LLC ("ANDREWS")<br>#7 TOWN CENTER LOOP UNIT C-14<br>SANTA ROSA BEACH FL 32459<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BRS JOINT VENTURE<br>165 WILDERNESS WAY<br>SANTA ROSA BEACH FL 32459<br><input type="checkbox"/> Delete                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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)(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: Richard Roakis      Date: 2.15.05      Daytime Phone #: 850.267.3400