2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046474

SIGNATURE:

FILED Jan 24, 2007 8:00 am Secretary of State 01-24-2007 90050 041 ****61.25

1. Entity Name FOREST HILL PROPERTIES, L.L.C.									
Principal Place of Business 6325 ANCUS ROAD LAKE WORTH, FL 33467 US		Mailing Address 6325 ANGUS ROAD LAKE WORTH, FL 33467 US		60005500 					
2. Principal P	3. Mailing Address 33 Highland	iling Address B Highland Ave.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E0	83 (12/06)	
City & State Monmous Zip 07750	th Beach, NJ Country	City & State Monmouth Beach, NJ Zip Country Country			4. FEI Numb 86-11	10419	3 D		plied For t Applicable itional
07750 US 07750 6. Name and Address of Current Registered Agent			US	5. Certificate of Status Desired ☐ Fee Required 7. Name and Address of New Registered Agent				1	
EFFMAN, BERNARD 6335 ANCUG ROAD LAKE WORTH, FL-33467				Street Address 1860 Fo	not P. Mac Mahon, Esq. less (P.O. Box Number is Not Acceptable) Porest Hill Blvd., Ste 105 Palm Beach FL 293406-6086				
8. The above the obligat SIGNATURE	named entity submits this statement for increase agent specific production of printed name of registered agent	Res Mal	2	d office or registe		oth, in the State of	Florida. I am f	amiliar with,	and accept
Filing Fee is \$50.00 Due by May 1, 2007						Flor	lake check paida Departme		:
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM EFFMAN, BERNARD 6325 ANGUE ROAD LAKE WORTH, FL 98467	ERS/MANAGERS		TADDRESS 33	Highlar			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EFFMAN, MERYL 6025 ANGUG ROAD LAKE WORTH FL 23467	☐ Delete		TADDRESS 33	Highlar	-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS	imbuai i	each, No	07730	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Defete		T ADDRESS ST-ZIP				Change	☐ Addition
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	n this filing does not qualify for I that my signature shall have e empowered to execute this	r the exem the same report as	nptions contained legal effect as if r required by Chap	l in Chapter 119 made under oat oter 608, Florida	, Florida Statutes. h; that I am a mai Statutes.	I further certify naging membe	that the info	rmation r of the

IN MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE