2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # L04000046768** 04-20-2005 90039 049 ****50.00 FORREST DRIVE, L.L.C. Principal Place of Business Mailing Address 1203 KENILWORTH ROAD 1203 KENILWORTH ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 305 S. GADSDEN STREET TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. WILLIAM BERAHAM TITLE ☐ Delete TITLE ☐ Change ■ Addition 1203 KENILWORTH RD NAME NAME STREET ADDRESS STREET ADDRESS TALLAHASSEE, FLORIDA 32317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE STEKKLAND 10118 Twinting vine Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

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OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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