

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048150

FILED
Jan 25, 2005
Secretary of State

Entity Name: FOREST HILLS INVESTMENTS, L.L.C.

Current Principal Place of Business:

369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-1291321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUILDERS, J. LINDSAY JR., ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BUILDER, J. LINDSAY JR., ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 US

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.

SIGNATURE: J. LINDSAY BUILDER, JR.

01/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GOFFI, CARLOS
Address: 2711 PARKLAND DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: BRUZETTI, AYRTON
Address: RUA COMENDADOR ELIAS ZARZUR 269-93
City-St-Zip: ALTO DA BOA VISTA, SP BRAZIL, 04736000

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOFFI, CARLOS
Address: P.O. BOX 3476
City-St-Zip: WINTER PARK, FL 32790

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS GOFFI

MGR

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date