



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000061676</b> 1. Entity Name <b>FORTE LLC</b>	
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Principal Place of Business <b>2140 W FLAGLER ST SUITE 109 MIAMI, FL 33135</b>	Mailing Address <b>2140 W FLAGLER ST SUITE 109 MIAMI, FL 33135</b>
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**DO NOT WRITE IN THIS SPACE**



03012007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-4728281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GONZALEZ, RALPH A 297 N. COCONUT LN MIAMI BEACH, FL 33139</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

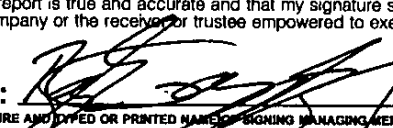
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGR GONZALEZ, ERNESTO 297 N. COCONUT LANE MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGR GONZALEZ, RALPH A 297 N. COCONUT LN MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGR E. GR. MANAGEMENT SERVICES, INC 15447 SW 137 AVE MIAMI, FL 33177</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000660204  
03/19/07-80016-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Ralph A. Gonzalez** - 2-15-07 / 305-541-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #