2006 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000062612** 04-28-2006 90025 009 ****50.00 1. Entity Name FOREST TRACE, LLC Mailing Address Principal Place of Business 3350 NW ROYAL OAK DRIVE 3350 NW ROYAL OAK DRIVE US JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) Applied For 4. FÉI Number City & State City & State 20-1610219 Not Applicable Zio Zip Country 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 FOX, M. LANNING Street Address (P.O. Box Number is Not Acceptable) 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 City 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 SIGNATURE Signature, typed or printed name of registered agent and title til apolicable Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM τπιε MGRM ☐ Change X Addition TITLE **Delete** DOSS, ARDEN JR. NAME RENAR DEVELOPMENT COMPANY NAME 3350 NW ROYAL OAK DRIVE STREET ADDRESS 3350 NW ROYAL DAK DRIVE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP JENSEN BEACH, FL 34957 MGRM/C/ASSIT SEC/T ☐ Chance ★ Addition □ Defete TITLE TITLE DOSS, RENEE M. NAME NAME STREET ADDRESS 3350 NW ROYAL DAK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 TITLE VP/S/T Change **Addition** TITLE ☐ Defete ROWE RHONDA S. NAME NAME STREET ADDRESS STREET ADDRESS 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE

FILED

☐ Change

☐ Addition

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.

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

RENEE'M. Doss SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI