## 2007 LIMITED LIABILITY COMPANY

ATURE AND TYPED OR PRINTED NAME OF SIGN

## Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000062612** 04-30-2007 90061 021 \*\*\*\*50.00 1. Entity Name FORÉST TRACE, LLC Mailing Address Principal Place of Business 3350 NW ROYAL OAK DRIVE 3350 NW ROYAL OAK DRIVE 60044219 JENSEN BEACH, FL 34957 110 JENSEN BEACH, FL 34957 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3731 N.E. PINEAPPLE AVE. 373, N.E. PINEAPPLE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 Chg-LLC CR2E083 (12/06) SUITE C 200 SUITE C200 City & State JENSEN 4. FEI Number Applied For City & State JENSEN 20-1610219 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 34951 34957 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD Street Address (P.O. Box Number is Not Acceptable) **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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TIΠF ☐ Delete TITI F 373, N.E. PINEAPPLE AVE. - SUITE C 200 DOSS, ARDEN JR NAME NAME STREET ADDRESS 3350 NW ROYAL OAK DR STREET ADDRESS JENSEN BEACH FL 34957 CITY+ST-7IP JENSEN BEACH, FL 34957 CITY-ST-7IP ☐ Addition MGRM ☐ Delete TITLE TITLE 373, N.E. PINEAPPLE AVE. - SUITE C200 DOSS, RENEE M NAME NAME STREET ADDRESS STREET ADDRESS 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete TITLE TITLE 373; N.E. PINEAPPLE AVE. - SUITE C200 NAME NAME ROWE, RHONDA S STREET ADDRESS STREET ADDRESS 3350 ROYAL OAK DR JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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