

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90036 001 \*\*\*\*50.00  
03-08-2005 90036 002 \*\*\*\*\*5.00

**DOCUMENT # L04000085263**

1. Entity Name

FOREST PLACE REALTY, LLC



Principal Place of Business

7320 EAST FLETCHER AVENUE, SUITE 109  
TAMPA FL 33637

Mailing Address

7320 EAST FLETCHER AVENUE, SUITE 109  
TAMPA FL 33637



2. Principal Place of Business

8402 Laurel Fair Cir

3. Mailing Address

8402 Laurel Fair Cir

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Ste 205

City & State

Tampa FL

City & State

Tampa FL &

Zip

33610

Country

USA

Zip

33610

Country

USA

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1916035

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NASH, THOMAS C II  
625 COURT STREET, SUITE 200  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FERREIRA, RANDY  
STREET ADDRESS 7320 EAST FLETCHER AVENUE, SUITE 109  
CITY-ST-ZIP TAMPA FL 33637

TITLE MGR ☐ Delete  
NAME ODED, REUVEN  
STREET ADDRESS 7320 EAST FLETCHER AVENUE, SUITE 109  
CITY-ST-ZIP TAMPA FL 33637

TITLE MGR ☐ Delete  
NAME LUBECK, DANIEL  
STREET ADDRESS 7320 EAST FLETCHER AVENUE, SUITE 109  
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8402 Laurel Fair Ste 205  
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8402 Laurel Fair Cir Ste 205  
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8402 Laurel Fair Cir Ste 205  
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #