

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90021 008 ****55.00

DOCUMENT # L04000085263

1. Entity Name
FOREST PLACE REALTY, LLC



Principal Place of Business
8402 LAUREL FAIR CIRCLE
SUITE 205
TAMPA, FL 33610 US

Mailing Address
8402 LAUREL FAIR CIRCLE
SUITE 205
TAMPA, FL 33610 US

20032593



2. Principal Place of Business

9260 Bay Plaza Blvd
Suite, Apt. #, etc.
501

3. Mailing Address

9260 Bay Plaza Blvd
Suite, Apt. #, etc.
501

03312006 Chg-LLC CR2E083 (11/05)

City & State

Tampa FL
Zip 33619 Country

City & State

Tampa FL
Zip 33619 Country

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FERREIRA, RANDY
STREET ADDRESS 8402 LAUREL FAIR CIRCLE SUITE 205
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd # 501
CITY-ST-ZIP Tampa FL 33619

TITLE MGR ☐ Delete
NAME ODED, REUVEN
STREET ADDRESS 8402 LAUREL FAIR CIRCLE SUITE 205
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd # 501
CITY-ST-ZIP Tampa FL 33619

TITLE MGR ☐ Delete
NAME LUBECK, DANIEL
STREET ADDRESS 8402 LAUREL FAIR CIRCLE SUITE 205
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd # 501
CITY-ST-ZIP Tampa FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

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

Date

Daytime Phone #