

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000085263

1. Entity Name  
FOREST PLACE REALTY, LLC



Principal Place of Business  
9260 BAY PLAZA BLVD  
SUITE 501  
TAMPA, FL 33610 US

Mailing Address  
9260 BAY PLAZA BLVD  
SUITE 501  
TAMPA, FL 33610 US



07022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FERREIRA, RANDY  
9260 BAY PLAZA BLVD #501  
TAMPA, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ODED, REUVEN  
9260 BAY PLAZA BLVD #501  
TAMPA, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LUBECK, DANIEL  
9260 BAY PLAZA BLVD #501  
TAMPA, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/16/07-80008-020 55.00

**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:

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

Date

Daytime Phone #