

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 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**



03032008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

000000864774
01/07/08-80001-006 138.75

**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 606, Florida Statutes.

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

3/5/08 813 620-0800
Date Daytime Phone #