

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093955

FILED
May 12, 2005
Secretary of State

Entity Name: FOREST CITY WIREGRASS, LLC

Current Principal Place of Business:

50 PUBLIC SQUARE, SUITE 1100
CLEVELAND, OH 44113

New Principal Place of Business:

Current Mailing Address:

50 PUBLIC SQUARE, SUITE 1100
CLEVELAND, OH 44113

New Mailing Address:

50 PUBLIC SQUARE
1360 TERMINAL TOWER
CLEVELAND, OH 44113

FEI Number: 20-2089199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FC WIREGRASS MEMBER,, LLC
Address: 50 PUBLIC SQUARE, SUITE 1100
City-St-Zip: CLEVELAND, OH 44113

Title: MGRM () Delete
Name: FOREST CITY COMMERCIAL GROUP, INC.
Address: 50 PUBLIC SQUARE, SUITE 1100
City-St-Zip: CLEVELAND, OH 44113

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS G. SMITH, SECRETARY

MGRM

05/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date