2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L04000093955

Entity Name: FOREST CITY WIREGRASS, LLC

Current Principal Place of Business:

50 PUBLIC SQUARE, SUITE 1100
CLEVELAND, OH 44113

New Principal Place of Business:

50 PUBLIC SQUARE
1360 TERMINAL TOWER
CLEVELAND, OH 44113

Current Mailing Address:

50 PUBLIC SQUARE
1360 TERMINAL TOWER
CLEVELAND, OH 44113

New Mailing Address:

FEI Number: 20-2089199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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/MANAGERS:

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

Title: MGRM ( ) Delete
Name: FOREST CITY COMMERCI, AL 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: MGRM (X) Change ( ) Addition
Name: FOREST CITY COMMERCI, AL GROUP, INC.
Address: 50 PUBLIC SQUARE, 1100 TERMINAL TOWER
City-St-Zip: CLEVELAND, OH 44113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 S 04/24/2006

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