

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90017 012 ****50.00

DOCUMENT # L05000001675

1. Entity Name

FORGE COVE INVESTMENTS, LLC



Principal Place of Business

C/O WIRT A. BEARD, JR
4741 ALGONQUIN AVENUE
JACKSONVILLE FL 32210

Mailing Address

C/O WIRT A. BEARD, JR
4741 ALGONQUIN AVENUE
JACKSONVILLE FL 32210



2. Principal Place of Business

4595 Ortega Blvd.
Suite, Apt. #, etc.
N/A

3. Mailing Address

4595 Ortega Blvd.
Suite, Apt. #, etc.
N/A

1st MOORE

CR2E083 (10/05)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

20-2111628

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARD, WIRT A JR
4741 ALGONQUIN AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Beard, Wirt A. Jr.

Street Address (P.O. Box Number is Not Acceptable)

4595 Ortega Blvd.

City

Jacksonville

FL

Zip Code

32210

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Beard, Wirt A. Jr.
4595 Ortega Blvd.
Jacksonville, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wirt A. Beard Jr. Wirt A. Beard Jr. 4/27/06 904-545-6590

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

Date

Daytime Phone #