

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jun 26, 2006 8:00 am
Secretary of State

5/4

05-04-2006 90017 030 ****50.00

DOCUMENT # L05000015089

1. Entity Name
FORE SYSTEMS, L.L.C.



Principal Place of Business
**414 E. MAXWELL STREET
 LAKELAND, FL 33803**

Mailing Address
**414 E. MAXWELL STREET
 LAKELAND, FL 33803**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2100
 Suite, Apt. #, etc.

City & State
Lakeland, FL

Zip
33806

Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2350448

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H
 923 SOUTH FLORIDA AVE.
 LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORE, R. SCOTT 414 E. MAXWELL STREET LAKELAND, FL 33803 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 60B, Florida Statutes.

SIGNATURE: _____ Date **4/27/06**

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