

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-28-2006 90012 050 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000039021

1. Entity Name
FORUM EXPRESS, LLC



Principal Place of Business 220
10985 CODY ROAD, SUITE 2200-
OVERLAND PARK, FL 66210 - 1224
KS

Mailing Address
10985 CODY ROAD, SUITE 2200- 220
OVERLAND PARK, FL 66210
KS

30004470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEL Number

204114655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS, FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FORUM SW HOTEL, INC.
STREET ADDRESS 10985 CODY ROAD, SUITE 2200- 220
CITY - ST - ZIP OVERLAND PARK, FL 66210 - 1224

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP KS

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/23/06

913-345-2111