

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000040261**

1. Entity Name  
**FORGET BROTHERS GROVE, LLC**



Principal Place of Business  
**3075 GORDY ROAD  
FORT PIERCE, FL 34945**

Mailing Address  
**P.O. BOX 13017  
FT. PIERCE, FL 34979**

**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**51-0545365**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FORGET, LOUIS JAMES  
3075 GORDY ROAD  
FORT PIERCE, FL 34945**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **FORGET, LOUIS JAMES**  
STREET ADDRESS **3075 GORDY ROAD**  
CITY-ST-ZIP **FORT PIERCE, FL 34945**

TITLE **MGRM**  
NAME **FORGET, PHILLIP J**  
STREET ADDRESS **3125 GORDY ROAD**  
CITY-ST-ZIP **FT. PIERCE, FL 34945**

TITLE **MGRM**  
NAME **FORGET, LOUIS COURTNEY**  
STREET ADDRESS **5501 EAGLE DRIVE**  
CITY-ST-ZIP **FT. PIERCE, FL 34951**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000711995  
04/26/07-80030-010 55.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-12-07 772-216-4765**