

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 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



01132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FORGET, LOUIS COURTNEY  
5501 EAGLE DRIVE  
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

U00000786449  
01/17/08-80041-006 143.75

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Louis J. Forget*

*Jan. 15 2008 772-2164765*