

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90026 001 \*\*\*500.00

<b>DOCUMENT # L05000045230</b> 1. Entity Name <b>FOREST PLACE JZ, LLC</b>			
Principal Place of Business <b>720 PELICAN POINT COVE</b> <b>BOCA RATON, FL 33431 US</b>		Mailing Address <b>720 PELICAN POINT COVE</b> <b>BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>2200 W. Commercial Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2200 W. Commercial Blvd</b> Suite, Apt. #, etc.	
City & State <b>FT. LAUDERDALE FL</b> Zip <b>33309</b> Country <b>U.S.</b>		City & State <b>FT. LAUDERDALE FL</b> Zip <b>33309</b> Country <b>U.S.</b>	
4. FEI Number <b>03222006</b>		Chg-LLC <b>CR2E083 (11/05)</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ZIMMERMAN, JORDAN</b> <b>720 PELICAN POINT COVE</b> <b>BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Jordan Zimmerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 W. Commercial Blvd</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33309</b>	
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 <u>Jordan Zimmerman Member</u> DATE <u>7/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2008</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 at the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Jordan Zimmerman member</u> DATE <u>7/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			