

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053351

FILED
Apr 26, 2007
Secretary of State

Entity Name: FORREST LAKES PARTNERS LLC

Current Principal Place of Business:

2194 HIGHWAY A1A
SUITE 101
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

2194 HIGHWAY A1A
SUITE 101
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURNE, DAWN M
2194 HIGHWAY A1A
101
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILITANO, KYLE F
Address: 2194 HIGHWAY A1A, SUITE 101
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: MASTERS, RICHARD J
Address: 500 WHISPERING PINES CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: HART, RICHARD J
Address: 7655 SOUTH TROPICAL TRAIL
City-St-Zip: MERRIT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KYLE F MILITANO

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date