


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000054671</b> 1. Entity Name 2600 FORUM PARTNERS, LLC	
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Principal Place of Business 2701 MAITLAND CNTR PKWY STE 225 MAITLAND, FL 32751	Mailing Address 2701 MAITLAND CNTR PKWY STE 225 MAITLAND, FL 32751
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03052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2995580	Applied For Not Applicable
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5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

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

STEIN, CLIFFORD L  
2701 MAITLAND CNTR PKWY, STE 225  
MAITLAND, FL 32751

**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	MGRM STEIN, CLIFFORD L 2701 MAITLAND CNTR PKWY, STE 225 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMAN, REID S 2701 MAITLAND CNTR PKWY, STE 225 MAITLAND, FL 32751
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**DO NOT WRITE  
IN THIS SPACE**

U000000861945  
04/03/08-80029-013 143.75

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 #

3/13/08 (407)659-0120