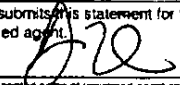
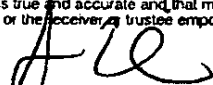


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

3/1

03-26-2007 90305 026 ****50.00

DOCUMENT # L05000055578			
1. Entity Name SILVER RUN FOREST, LLC			
Principal Place of Business 391 EAST SILVER SPRINGS BLVD., SUITE G OCALA, FL 34470		Mailing Address 391 EAST SILVER SPRINGS BLVD., SUITE G OCALA, FL 34470	
2. Principal Place of Business - No P.O. Box # 3391 E. SILVER SPRINGS BLVD.		3. Mailing Address 3391 E. SILVER SPRINGS BLVD.	
Suite, Apt. #, etc. SUITE G		Suite, Apt. #, etc. SUITE G	
City & State OCALA, FL.		City & State OCALA, FL	
Zip 34470	Country USA	Zip 34470	Country USA
4. FEI Number 20-2956817		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent H FISALOW, BRUCE 3423 EAST SILVER SPRINGS BLVD., SUITE 3B OCALA, FL 34470		7. Name and Address of New Registered Agent Name BRUCE FISALOW Street Address (P.O. Box Number is Not Acceptable) 3391 E. SILVER SPRINGS BLVD. SUITE G City OCALA FL Zip Code 34470	
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 		DATE 03/20/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISALOW, BRUCE 3391 E. SILVER SPRINGS BLVD., STE G OCALA, FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN PAVLEY, GARY 4601 NE 11TH LN ANTHONY, FL 32617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULEY, GARY ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN YONGE, LAURIE 600 SE 48TH AVE OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 03/20/07 352-208-7159	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	