2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 11, 2007 8:00 am
Secretary of State
03-26-2007 90305 026 ****50.00

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1. Entity Name
SILVER RUN FOREST, LLC

Principal Place of Business	Mailing Address
391 EAST SILVER SPRINGS BLVD., SUITE G OCALA, FL 34470	391 EAST SILVER SPRINGS BLVD., SUITE G OCALA, FL 34470

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3391 E. SILVER SPRINGS BLVD	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	7. Name and Address of New Registered Agent
H FISALOW, BRUCE 3423 EAST SILVER SPRINGS BLVD., SUITE 3B OCALA, FL 34470	Name: BRUCE FISHALOW 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 FISHALOW, 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	PAVLEY, 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: _____ 03/20/07 352-208-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #