

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 27, 2009
Secretary of State**

DOCUMENT# L05000055578

Entity Name: SILVER RUN FOREST, LLC

Current Principal Place of Business:

3381 E SILVER SPRINGS BLVD
STE G
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3381 E SILVER SPRINGS BLVD
STE G
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-2956817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FISALOW, BRUCE
3391 E SILVER SPRINGS BLVD
STE G
OCALA, FL 34470 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: P () Delete
Name: FISHALOW, BRUCE
Address: 3391 E. SILVER SPRINGS BLVD.,STE G
City-St-Zip: Ocala, FL 34470

Title: P () Delete
Name: PAULEY, GARY
Address: 4601 NE 11TH LN
City-St-Zip: ANTHONY, FL 32617

Title: PRIN () Delete
Name: YONGE, LAURIE
Address: 600 SE 48TH AVE
City-St-Zip: Ocala, FL 34471

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: BRUCE FISHALOW

PD

05/27/2009

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