

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000088519

FILED
Dec 12, 2007
Secretary of State

Entity Name: FORGOTTEN COAST LAND COMPANY LLC

Current Principal Place of Business:

454 LAS GALLINAS AVE #171
SAN RAFAEL, CA 94903

New Principal Place of Business:

Current Mailing Address:

PO BOX 6885
SAN RAFAEL, CA 94903

New Mailing Address:

FEI Number: 20-4650486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKEL, PINKI
135 HIGHWAY 98
EAST POINT, FL 32328 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: MILLER, JUDY
Address: PO BOX 6885
City-St-Zip: SAN RAFAEL, CA 94903

Title: MGRM () Delete
Name: JACKEL, PINKI
Address: 135 HIGHWAY 98
City-St-Zip: EAST POINT, FL 32328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, JUDY
Address: PO BOX 6885
City-St-Zip: SAN RAFAEL, CA 94903

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

Title: MEMB () Change (X) Addition
Name: GOOD WORKS, INC.,
Address: 454 LAS GALLINAS AVENUE #171
City-St-Zip: SAN RAFAEL, CA 94903

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: PINKI JACKEL

MGRM

12/12/2007

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