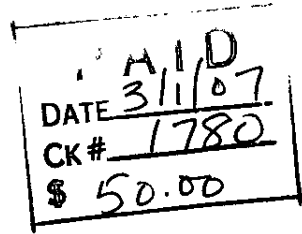


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000000354

1. Entity Name

FORSYTH ROAD, LLC



Principal Place of Business

Mailing Address

1746 GREYSTONE COURT
LONGWOOD FL 32779

1746 GREYSTONE COURT
LONGWOOD FL 32779



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

☒ 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

YAHN, MARK S
1746 GREYSTONE COURT
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

2/15/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME: MGRM
STREET ADDRESS: YAHN PROPERTIES, LLLP
CITY ST ZIP: 1746 GREYSTONE COURT
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 100095225161
CITY ST ZIP: 03/29/07--01032--001 *700.00

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY ST ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

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NAME: ☐ Change ☐ Addition
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NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY ST ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/07 804-2525

804-1144

FILED
2007 MAR 23 AM 9:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE