## **2007 LIMITED LIABILITY COMPANY**

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 11, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-11-2007 90162 022 \*\*\*\*50 00 DOCUMENT # L0600001310 1. Entity Name FORE BEES, LLC 60035263 Principal Place of Business Mailing Address 186 EAGLE DR. 186 EAGLE DR. JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2100 QUAKER POINTE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For QUAKERTOWN 83-0444099 Not Applicable Zip Country Country \$5.00 Additional 18951 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ■ Addition ☐ Change NAME ROGER B. HISER NAME STREET ADDRESS 1213 GYPSY HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOWER GWYNEDD PA 1900Z TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #