

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 NOV 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000006389 1. Entity Name FOREST GLEN-XENA, LLC					
Principal Place of Business 8770 SUNSET DRIVE 531 MIAMI, FL 33173			Mailing Address 8770 SUNSET DRIVE 531 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUBER, PETER G ESQUIRE PETER G. GRUBER, P.A. 9100 SOUTH DADELAND BOULEVARD, SUITE 910 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Michael A Carricarte Street Address (P.O. Box Number is Not Acceptable) 8770 Sunset Drive 531 City Miami FL 33173		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, CARRICARTE A 8770 SUNSET DRIVE, 531 MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112518482 11/21/07-01073-002
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:				Date 11-15-07 Daytime Phone #	