

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009091

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: FOREST GLEN PROPERTIES, LLC

## Current Principal Place of Business:

1611 12TH STREET EAST  
UNIT B  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

17 TIDY ISLAND BOULEVARD  
BRADENTON, FL 34210 US

## New Mailing Address:

1611 12TH STREET EAST  
UNIT B  
PALMETTO, FL 34221

FEI Number: 20-4190058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIRK, PETER  
17 TIDY ISLAND BOULEVARD  
BRADENTON, FL 34210 US

## Name and Address of New Registered Agent:

SHIRK, PETER J  
17 TIDY ISLAND BOULEVARD  
BRADENTON, FL 34210 US

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: PETER J. SHIRK

01/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SHIRK, PETER J  
Address: 17 TIDY ISLAND BOULEVARD  
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM ( ) Delete  
Name: GILMARTIN, WAYNE S  
Address: 59 TIDY ISLAND BOULEVARD  
City-St-Zip: BRADENTON, FL 34210 US

## ADDITIONS/CHANGES:

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: PETER J. SHIRK

MRGM

01/08/2008

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