

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044616

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOREST POINT LLC

Current Principal Place of Business:

22206 APPLETON DRIVE
BOCA RATON, FL 33428 US

New Principal Place of Business:

7204 S. DIXIE HWY
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

20423 STATE RD 7
SUITE #6-522
BOCA RATON, FL 33498 US

New Mailing Address:

8260 NW 49TH MANOR
CORAL SPRINGS, FL 330672815 US

FEI Number: 11-3780083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILIP, JAMBHEKAR
8260 NW 49TH MANOR
CORAL SPRINGS, FL 330672815 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: MGR () Delete
Name: SANGIN, ZAVERI
Address: 22206 APPLETON DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGR () Delete
Name: DARSHANA, ZAVERI
Address: 22206 APPLETON DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANGIN, ZAVERI
Address: 1045 THISTLE CREEK COURT
City-St-Zip: WESTON, FL 33327 US

Title: MGR (X) Change () Addition
Name: DARSHANA, ZAVERI
Address: 1045 THISTLE CREEK COURT
City-St-Zip: WESTON, FL 33327 US

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: SANGIN ZAVERI

MGR

04/29/2009

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