

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048128

Entity Name: FOREST GREEN LLC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

18 UTILITY DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 354425
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 20-4848073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 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: MGRM () Delete
Name: CLINE, SAMUEL E
Address: P.O. BOX 625
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: CLINE, DIANE J
Address: P.O. BOX 262
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: BONILLON, LORRAINE
Address: 907 CR 13
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: SOWERS, SCOTT D
Address: 176 NORTH CORAL REEF CT.
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: CAMERON, CHARLES M JR
Address: 25 WESTMAYER PL
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: CHALKLEY, CELONA
Address: 2 CROMPTON PLACE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOUILLON, LORRAINE
Address: 907 CR 13
City-St-Zip: BUNNELL, FL 32110

Title: MGRM (X) Change () Addition
Name: SOWERS, SCOTT D
Address: 1093 CR 13
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHALKLEY, CELONA
Address: 2 CROMPTON PLACE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: CELENA CHALKLEY

MGRM

02/09/2007

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