# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L06000056614**

1. Entity Name

FOREST PARK PROPERTIES, LLC



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

**808 VISCAYA LANE** 

ALTAMONTE SPRINGS, FL 32701

Mailing Address

PO BOX 941466

MAITLAND, FL 32794-1466



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4951023 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TIFT, JULIA 808 VISCAYA LANE ALTAMONTE SPRINGS, FL 32701

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8. 7	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
	he 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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TIFT, JULIA
STREET ADDRESS	808 VISCAYA LANE
CITY-SI-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	MGRM
NAME	TIFT, LAWRENCE JR
STREET ADDRESS	808 VISCAYA LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME .	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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.

Daytime Phone #