2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061183

Entity Name: FORECAST LOGISTICS, LLC

2110 NOVA VILLAGE DRIVE

DAVIE, FL 33317

Address:

City-St-Zip:

FILED Jun 02, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
SUITE 3L	RNBERRY WAY RA, FL 33180	
	lailing Address:	New Mailing Address:
	RNBERRY WAY	5
SUITE 3L	RA, FL 33180	
FEI Number	: 11-3782685 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the limited liability of	FEI Number Not Applicable () Certificate of Status Desired () company did not receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
SUITE 3L AVENTUR	RNBERRY WAY RA, FL 33180 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or bot
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	P () Delete ROJAS, MARIA V 19355 TURNBERRY WAY, SUITE 3L AVENTURA, FL 33180	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MGR () Delete IREGUI, HERNANDO 2000 ISLAND BLVD. #1205 AVENTURA, FL 33160	Title: MGR (X) Change () Addition Name: IREGUI, HERNANDO Address: 19355 TURNBERRY WAY, SUITE 3L City-St-Zip: AVENTURA, FL 33180
Title: Name: Address: City-St-Zip:	S () Delete ROJAS, DIANA E 5500 NW 114 AVENUE, #306 MIAMI, FL 33178	Title: S (X) Change () Addition Name: ROJAS, DIANA E Address: 19355 TURNBERRY WAY, SUITE 3L City-St-Zip: MIAMI, FL 33180
Title:	VP (X) Delete	Title: () Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARIA VICTORIA ROJAS P 06/02/2007