

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077143

FILED
Mar 24, 2008
Secretary of State

Entity Name: FOREST OAKS ENTERPRISES, LLC

Current Principal Place of Business:

5510 WALLWOOD ROAD
KNOXVILLE, TN 37912

New Principal Place of Business:

6923 MAYNARDVILLE PIKE
PMB 218
KNOXVILLE, TN 37918

Current Mailing Address:

5510 WALLWOOD ROAD
KNOXVILLE, TN 37912

New Mailing Address:

6923 MAYNARDVILLE PIKE
PMB 218
KNOXVILLE, TN 37918

FEI Number: 74-3185685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, JOHN S ESQ.
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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: MOORE, JOHN G JR.
Address: 5510 WALLWOOD ROAD
City-St-Zip: KNOXVILLE, TN 37912

Title: MGRM () Delete
Name: MADDOX, STEVEN K
Address: 5510 WALLWOOD ROAD
City-St-Zip: KNOXVILLE, TN 37912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, JOHN G JR.
Address: 6923 MAYNARDVILLE PIKE , PMB 218
City-St-Zip: KNOXVILLE, TN 37918

Title: MGRM (X) Change () Addition
Name: MADDOX, STEVEN K
Address: 6923 MAYNARDVILLE PIKE
City-St-Zip: KNOXVILLE, TN 37918

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: JOHN G. MOORE, JR

MGR

03/24/2008

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