2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# L06000093714

Entity Name: FORCAST VENTURES, LLC

Current Principal Place of Business:

4710 N. HABANA AVENUE
307
TAMPA, FL 33614

New Principal Place of Business:

4710 N. HABANA AVENUE
307
TAMPA, FL 33614 US

Current Mailing Address:

4710 N. HABANA AVENUE
307
TAMPA, FL 33614

New Mailing Address:

4710 N. HABANA AVENUE
307
TAMPA, FL 33614 US

FEI Number: 20-5691803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, WETHERINGTON
1010 N. FLORIDA AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WETHERINGTON, WADE
1010 N. FLORIDA AVENUE
TAMPA, FL 33602 US

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: WADE WETHERINGTON 01/17/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORADADA, JOSE R III
Address: 4710 N. HABANA AVENUE, SUITE 307
City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Delete
Name: CASTELLVI, ALINA
Address: 4710 N. HABANA AVENUE, SUITE 307
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CASTELLVI, ALINA D
Address: 4710 N. HABANA AVENUE, SUITE 307
City-St-Zip: TAMPA, FL 33614 US

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

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: ALINA D CASTELLVI MGRM 01/17/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date