

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 008 ***138.75

30004987

1st MOORE CR2E083 (10/07)

DOCUMENT # L06000120359					
1. Entity Name FOREST PARK, LLC					
Principal Place of Business 5406 26TH STREET WEST BRADENTON FL 34207			Mailing Address 5406 26TH STREET WEST BRADENTON FL 34207		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number: 65-0696678	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWZE, THOMAS B 5406 26TH STREET WEST BRADENTON FL 34207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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 the obligations of registered agent.					
SIGNATURE _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWZE, THOMAS A 5406 26TH STREET WEST BRADENTON FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas A. Howze 5406 26th St. W Bradenton, FL 34207	MGR MEMBER ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H.L. Robinson 5406 26th St W Bradenton, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H.L. Robinson 5406 26th St. W Bradenton, FL 34207	MGR ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Beddow 5406 26th St W Bradenton, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Beddow 5406 26th St. W Bradenton, FL 34207	MGR ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE <u>Thomas A. Howze</u> <u>3-13-08</u> <u>(941) 753-6710</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					