

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123084

FILED
Apr 20, 2009
Secretary of State

Entity Name: FOREST CITY HOLDINGS, LLC

Current Principal Place of Business:

% WEBSTER & PARTNERS, P.L.
450 N. WYMORE ROAD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

% WEBSTER & PARTNERS, P.L.
450 N. WYMORE ROAD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-8123024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789 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: MGR () Delete
Name: SHIH, GRACE L
Address: 450 N. WYMORE ROAD, % WEBSTER & PARTNERS
City-St-Zip: WINTER PARK, FL 32789

Title: PST () Delete
Name: SHIH, GRACE L
Address: 450 N. WYMORE ROAD, % WEBSTER & PARTNERS
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: THACH, PAUL P
Address: 450 N. WYMORE ROAD, % WEBSTER & PARTNERS
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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

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: GRACE L. SHIH

P

04/20/2009

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