

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030645

Entity Name: LAKE FOREST, LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

8751 W. BROWARD BLVD, STE 304
PLANTATION, FL 33324

Current Mailing Address:

8751 W. BROWARD BLVD, STE 304
PLANTATION, FL 33324

New Principal Place of Business:

8751 W. BROWARD BLVD, STE 304
%ALLSTAR REALTY, INC; ROBERT BURNS
PLANTATION, FL 33324

New Mailing Address:

8751 W. BROWARD BLVD, STE 304
%ALLSTAR REALTY, INC. ROBERT BURNS
PLANTATION, FL 33324

FEI Number: 32-0238222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, ROBERT N SR.
1776 N. PINE ISLAND ROAD
SUITE 326
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

BURNS, ROBERT N SR.
8751 W. BROWARD BLVD., SUITE 304
%ALLSTAR REALTY, INC. ROBERT BURNS
PLANTATION, FL 33324 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:

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURNS, ROBERT N SR.
Address: 1776 N. PINE ISLAND ROAD, SUITE 326
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURNS, ROBERT N SR.
Address: 8751 W. BROWARD BLVD., SUITE 304, %ALLSTAR
City-St-Zip: PLANTATION, FL 33324

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: ROBERT N. BURNS

MGR

02/23/2009

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