2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State 01-18-2008 90015 006 ***138.75

DOCUMENT # L07000083158 1. Entity Name FORWARD VIEWS LLC							٠,				
Principal Place of Business 1626 WACKERR AVE SE PALM BAY, FL 32909			Mailing Address 1626 WACKERR AVE SE PALM BAY, FL 32909				30001487				
2. Principal Place of Business - No P.O. Box #			3. Malling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01102008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Numi	ber		<u> </u>	oplied For ot Applicable
Zip		Country	Zip	try	Certificate of Status Desired						
	6. Name	and Address of Current R					7. Name an	d Address of New	Registered	Agent	
GAUTHIE		•	Name								
1626 WACKERR AVE SE PALM BAY, FL 32909				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Cod	9	
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 Something of registered agent and tile if applicable. (INOTE: Registered Agent signature required when renditating) DATE ONTE: Registered Agent signature required when renditating)											3
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		FEE IS \$138.75 Fee will be \$538.75						e check p a Departm	eayable to ent of State	•	
9.		MANAGING MEMBER	IS/MANAGERS	10.				ADDITIONS	/CHANGES	3	
TITLE	CEO	D CERALD	☐ Delete	TITLE		l				☐ Change	Addition
NAME STREET ADDRESS		R, GERALD CKERR AVE SE		NAM STRE	ET ADDRESS						
CITY-ST-ZEP	PALM BAY	7, FL 32909			-S1-20						
DATE	MGR		Delete	TITLE		Me	5 R			Change	Addition
NAME STREET ADDRESS		NATASHA :KERR AVE SE	•	NAME	ET ADDRESS	N.	Lacossi	e	e a i	- Ray	Γl
CITY-ST-ZIP	1	r, FL 32909		-ST-ZIP	1626	s wack	e er Ave S	E, rain	3290	9	
IIILE			☐ Delete	TITLE						Change	Addition
NAME				HAM	:						
STREET ADDRESS				•	ET ADDRESS						
CITY-S7-ZIP	<u> </u>	<u> </u>			-ST-ZIP	<u> </u>					
RITLE NAME STREET ADORESS	i		Delene	TITLE NAME STREE						Change	Addition
CITY-ST-ZIP				CITY	ST - ZIP						
LITLE			☐ Delete	TITLE						Change	☐ Addition
KANE .				NAME		ŀ					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
me			☐ Deleta	TITLE						Change	Addition
HAME				NAME							
STREET ADDRESS CITY-ST-ZIP					ET ADORESS ST-ZIP						
	entify that the	information sunction with t	his filing does not qualify for			ntained i	Charter 110	Florida Stenitos 11	ither contin	that the infe	mation
Indicated	on this report	i is true and accurate and ti	hat my signature shall have empowered to execute this	the same	legal efte	ct as if mi	ade under oeti	h; that I am a manag	ging membe	or manager	of the