2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105253

Entity Name: FOREST GROVE PARTNERS, LLC

FILED Jan 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1316 LEWIS TURNER BLVD FT. WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

219 BEACHVIEW DRIVE NE FT. WALTON BEACH, FL 32547 US

FEI Number: 26-1248546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIGHT, EDWIN E HOSTILO, LESSIE L 8730 124TH WAY N 219 BEACHVIEW DRIVE NE

SEMINOLE, FL 33772 US FORT WALTON BEACH, FL 32547 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: LESSIE L. HOSTILO 01/10/2012

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: HOSTILO, LESSIE L Address: 219 BEACHVIEW DRIVE NE

City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM Name: LIGHT, ED

Address: 8730 124TH WAY NORTH City-St-Zip: SEMINOLE, FL 33772 US

Title: MGRM

Name: HOSTILO, WAYNE Address: 219 BEACHVIEW DRIVE

City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: MGRM

Name: HOSTILO, LESSIE Address: 219 BEACHVIEW DRIVE

City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: MGRM Name: LIGHT, OWEN J

Address: 926 EAST AVERY STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM

 Name:
 LYONS, DANNY M

 Address:
 926 EAST AVERY STREET

 City-St-Zip:
 PENSACOLA, FL 32503 US

I hereby 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 Statues.

SIGNATURE: LESSIE L. HOSTILO MGRM 01/10/2012

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