2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000115899

Entity Name: FORESTWOOD DESIGN, LLC

Current Principal Place of Business:

568 POPASH ROAD
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

568 POPASH ROAD
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 26-2076733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, EMERSON R
568 POPASH ROAD
WAUCHULA, FL 33873 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: MGRM ( ) Delete
Name: JONES, EMERSON R
Address: 568 POPASH ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: MGRM ( ) Delete
Name: JONES, ROBERT
Address: 1032 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873 US

Title: MGRM ( ) Delete
Name: WELLS, TIM E
Address: 398 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

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: EMERSON JONES MGRM 05/01/2008

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