DOCUMENT #

9.

NAME

STREET ADDRESS

CITY-8T-ZIP

FOREST VILLAGE FLORIDA GROUP, L.C.

1. Entity Name

L98000000028

☐ Delete

NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY- ST-ZIP

SIGNATURI

1-15-00

						TALLAHASSE	UF 51A E.FLOI	≀E. RIDA⊱	
Principal Plac	e of Business	Mailing Address			\dashv			.,	
3701 MEADOW LARK COCOA FL 32926 COCOA FL 32926-3183									
0000A FE 32320						(886) 810 (810) 88111 88111 88111 88111 8	1 111 18 111 18 11	S BRISI BRID I	:
		1 A 77 W							
2. Principal Place of Business 245 FLAMINGO DR 3. Mailing Address 245 FLAMINGO				ODR	.'		9511 94 111 98 41		
Suite, Apt. #, etc. Suite, Apt. #, etc.					wra	DO NOT WRITE I	N THIS SP	ACE	
	Co co A CocoA F2 City & State City & State					4. FEI Number Applied For			
FL						59-3483974			Applicable
Zip 32926-	3103 Country USA	Zip 32926-3103	Coun	try USA	5. Certii	icate of Status Desired		5.00 Add e Required	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
Name KATA						R. AMAT	ō		
SMITH, KIM 3701 MEADOW LARK				Street Addres 3 .70/	ss (P.O. Box N MEA	umber is Not Acceptable)			
COCOA FL 32926						· · · · · · · · · · · · · · · · · · ·			
	•			City Coc	o A		FL	Zip Code	6-310-3
8. The above	named entity submits this statement for	the purpose of changing its	registere			or both, in the State of Florida	a.	J-/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1/4, 0 /) <u>4</u>						20	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature requ	ured when reinstati	ng)	DATE	2000	
		EII E NO	WIII I	FEE IS \$50.0	ก				
	•	Make Check Pay							l
	MANAGING MEMBE	DC/MEMBERS	10.			ADDITIONS/CH	IANGES		
9. TITLE	MGRM	Delete	TITLI	<u> </u>		ADDITIONS/CI		Change	Addition
MAME	HORD, RONALD		NAM	· ·		9000032			
STREET ADDRESS CITY-ST-ZIP	201 EAST HAVEN AVENUE MELBOURNE FL 32901			ET ADDRESS - ST-ZIP		-05/12/0)24()! * <i>XXX</i> 5	13 8,40
TITLE	MGRM	☐ Delete	TITL	E				Change	Addition
NAME	SIMON, JOHN J		NAM	_					
STREET ADDRESS CITY-ST-ZIP	201 EAST HAVEN AVENUE MELBOURNE FL 32901		1	ET ADDRESS - ST-ZIP					{
TITLE		☐ Delete	TITL	l		· · · · · · · · · · · · · · · · · · ·		Change	Addition
MAME STREET ADDRESS			NAM STRE	EET ADDRESS					\
CITY-8T-ZIP			CITY	- ST- ZIP					
TITLE		☐ Delete	TITL				[Change	Addition
MAME STREET ADDRESS			NAM STRE	ET ADDRESS]
CITY-ST-ZIP	, e		CITY	- 8T- Z(P					
TITLE NAME		☐ Delete	TITLI				Ĺ	Change	Addition
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CITY-ST-ZIP	` .			- 81- ZIP				- Channa	Aphilition
TITLE	1	Delete	TITL	t I				Change	Addition