


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L98000000028</b> 1. Entity Name <b>FOREST VILLAGE FLORIDA GROUP, L.C.</b>	
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Principal Place of Business <b>245 FLAMINGO DRIVE COCOA, FL 32926</b>	Mailing Address <b>245 FLAMINGO DRIVE COCOA, FL 32926</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>59-3483974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**AMATO, KATHLEEN R  
3701 MEADOW LARK  
COCOA, FL 32926**

**DO NOT WRITE  
IN THIS SPACE**

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 *Kathleen R. Amato* 1/4/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000776795  
01/09/08-20037-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HORD, RONALD 245 FLAMINGO DRIVE COCOA, FL 32926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMON, JOHN J 245 FLAMINGO DRIVE COCOA, FL 32926</b>
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald Hord* 1-4-08 321 631-0305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #