

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90015 010 \*\*\*138.75

**DOCUMENT # L99000002855**

1. Entity Name  
**FORMAN INDUSTRIAL LAND, L.L.C.**



Principal Place of Business  
**888 SOUTHEAST THIRD AVENUE, SUITE 501  
FT. LAUDERDALE, FL 33316**

Mailing Address  
**888 SOUTHEAST THIRD AVENUE, SUITE 501  
FT. LAUDERDALE, FL 33316**

**50006320**



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0925054**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FORMAN, H. COLLINS JR.  
1323 SOUTHEAST THIRD AVENUE  
FT. LAUDERDALE, FL 33316**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, MILES A 888 SOUTHEAST THIRD AVENUE, SUITE 501 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <del>FORMAN, CHARLES R</del> <del>320 N.W. 3RD AVENUE</del> <del>OCALA, FL 34770</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, H. COLLINS JR. 1323 SOUTHEAST 3RD AVENUE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Forman, Walter Hamilton 888 SE 3rd Ave #501 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_