2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# M03000000916

Entity Name: THE FORBES COMPANY, LLC

Current Principal Place of Business:

100 GALLERIA OFFICENTRE, SUITE 427
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

100 GALLERIA OFFICENTRE, SUITE 427
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 38-3441715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYSMER, DAVID
THE GARDENS OF THE PALM BEACHES
3101 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JACOBS, MICHELE
THE GARDENS OF THE PALM BEACHES
3101 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 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: MICHELE JACOBS 02/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORBES, NATHAN M
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: MGRM ( ) Delete
Name: FORBES, SIDNEY
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034 US

ADDITIONS/CHANGES:

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: NATHAN M FORBES MGRM 02/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date