2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# M07000003286

Entity Name: WEST FORSYTH MANAGING CO., LLC

Current Principal Place of Business:

999 WATERSIDE DRIVE, SUITE 2300
NORFOLK, VA 23610

New Principal Place of Business:

Current Mailing Address:

999 WATERSIDE DRIVE, SUITE 2300
NORFOLK, VA 23610

New Mailing Address:

FEI Number: 26-0220228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGR	( ) Delete
Name:	SLONE, JORDAN E	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, VA 23610	
Title:	MGR	( ) Delete
Name:	SLONE, NORMAN	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, V 23510	
Title:	MGR	( ) Delete
Name:	BANGEL, HERBERT K	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, VA 23510	
Title:	MGR	( ) Delete
Name:	MENDLOVIC, PINCHAS	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, VA 23510	
Title:	MGR	( ) Delete
Name:	ZWIEBEL, DAVID	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, VA 23510	
Title:	MGR	( ) Delete
Name:	RICHELS, BENN	
Address:	999 WATERSIDE DRIVE, SUITE 2300	
City-St-Zip:	NORFOLK, VA 23510	

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:	
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: JORDAN E. SLONE MGR 02/12/2009

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